

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 10245

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) 1208 TOWN ST. LOUIS 2129 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION # 6 KINGSBURY PLACE | | d. STREET ADDRESS # 6 KINGSBURY PL. | |

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| 3. NAME OF DECEASED (Type or Print) FREDERICK | a. (First) | b. (Middle) | c. (Last) PITZMAN. | 4. DATE OF DEATH NOV. 17 1951 |
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|--|---------------------------|--|----------------------------------|--|---------------------------|--------------------------|--------------------------|-------------------------|
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input checked="" type="checkbox"/> | 8. DATE OF BIRTH July 21 1889 | 9. AGE (In years, last birthday) 62 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
|--|---------------------------|--|----------------------------------|--|---------------------------|--------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer Pitzman Co. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. <input checked="" type="checkbox"/> | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Julius Pitzman | 13b. MOTHER'S MAIDEN NAME Caroline Wislizemus | 14. NAME OF HUSBAND OR WIFE - - - - |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes N.W.S. | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Marsh Pitzman, Kingsbury Pl. | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | - MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 12 yrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Coronary Thrombosis. DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? H201 |
|--|--|------------------------------------|

22. I hereby certify that I attended the deceased from 11/6/1951, to 11/17/1951, that I last saw the deceased alive on 11/17/1951, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

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|--|-------------------|----------------------------------|------------------------------|
| 23a. SIGNATURE Lainie A. Kuntz M.D. | (Degree or title) | 23b. ADDRESS 2625 E. 29th St. | 23c. DATE SIGNED 11/17/51 |
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|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/> | 24b. DATE 11-19-1951 | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. NOV 17 1951 | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd., | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 27 1951

DEC 7 1951

DEC 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.