

FILED JUN 27 1952

1003

5260

| | | | | | | | |
|--|--|---|---|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. | | Registrar's No. 5260 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. | | | | c. LENGTH OF STAY (in this place) 3 yrs | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard's Nursing Home | | | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | |
| | | | | d. STREET ADDRESS (If rural, give location) 4385 Maryland Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) SARAH | | b. (Middle) PATTERSON | | c. (Last) PITTMAN | |
| | | 4. DATE OF DEATH | | (Month) June | | (Day) (Year) 7 1952 | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Oct 21, 1862 | |
| | | | | | | 9. AGE (in years last birthday) IF UNDER 1 YEAR Months Day Hours Mins. 89 8 17 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | |
| | | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S. A. | |
| 13a. FATHER'S NAME Robert Duncan Patterson | | | 13b. MOTHER'S MAIDEN NAME Velona Angeline Phillips | | | 14. NAME OF HUSBAND OR WIFE William Daviess Pittman | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Claude Pickrell 7520 Wydown | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 493X | | | |
| 22. I hereby certify that I attended the deceased from 1932 to 6-7, 1952, that I last saw the deceased alive on 6-7, 1952, and that death occurred at 5:20 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE C. R. Lupton, M.D. | | | | 23b. ADDRESS 406 F road Bldg. | | 23c. DATE SIGNED 6-7-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 9, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. JUN 9 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, Inc 7233 Delmar Blvd | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.