

FILED FEB 24 1955

STANDARD CERTIFICATE OF DEATH

6150  
State File No. 0963  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS		c. CITY OR TOWN Bee Tree Farm	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		e. STREET ADDRESS (If rural, give location) Becker & Telegraph Roads. 4000	

3. NAME OF DECEASED (Type or Print)	a. (First) William Henry Harrison Pitts	b. (Middle) Plateau.	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				Jan. 31, 1955

5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 12, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Gen'l Mdse.	11. BIRTHPLACE (City and State or Foreign Country) Pittsburg, Texas.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Spencer Plateau.	13b. MOTHER'S MAIDEN NAME Ella Pitts.	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 428-58-1458	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eugene D. Nims., 56 Portland Place	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 2 months  4 days  4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Rt. tonsil with metastases to Regional Cervical glands.</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Broncho pneumonia</i> DUE TO (c) <i>Partial Rt. Hemiplegia</i>		
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 <i>Post Operation Rt. Lymph Node Resection; Broncho pneumonia</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 145X
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22. I hereby certify that I attended the deceased from Nov 1951, to Jan 31, 1955, that I last saw the deceased alive on Jan 31, 1955, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Louis J. Patton (Degree or title)	23b. ADDRESS 3720 W. 9th St. St. Louis Mo.	23c. DATE SIGNED 1-31-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Feb. 2, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri
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DATE REC'D BY LOCAL REG. FEB 1 1955	REGISTRAR'S SIGNATURE <i>J. Carl Smith md</i>	25. FUNERAL DIRECTOR'S SIGNATURE e.R. Lupton & Sons; 7233 Delmar Blvd.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

Signed.....  
*Clarence H. Murr*

Licensed Embalmer No.....  
4011

P. O. Address.....  
*St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.