

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023746
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1564

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Riverview Gardens		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Riverview Gardens 4110
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 355 Midridge		Length of stay in 1b YRS.	d. STREET ADDRESS (If outside, give location) 355 Midridge
3. NAME OF DECEASED (Type or print) First John Middle F. Last Pitts		4. DATE OF DEATH Month June Day 7 Year 1959.	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-20-1897	9. AGE (In years last birthday) 61	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Foreman	10b. KIND OF BUSINESS OR INDUSTRY Falstaff Brewery Co.	11. BIRTHPLACE (City and state or country) Washburn, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred Pitts	13b. MOTHER'S MAIDEN NAME Katerine Gottschied	14. NAME OF HUSBAND OR WIFE Mrs Adelle Pitts,
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) W.W. I	16. SOCIAL SECURITY NO. 497-03-8563	17. INFORMANT Address Mrs Adelle Pitts, 355 Midridge,
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis (Discussed - Assistant Coroner and Dr. John Morris)		INTERVAL BETWEEN ONSET AND DEATH Few minutes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) Diabetes and Arteriosclerotic Heart Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	20f. CITY, TOWN, OR LOCATION ---	COUNTY ---	STATE ---
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21. I attended the death from 6-7-59 , to 6-7-59 and last saw ^{her} him alive on 6-7-59 Death occurred at 1:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Norman A. Jones, M.D.	22b. ADDRESS 8321 N. Broadway, St. Louis 15, Mo.	22c. DATE SIGNED 6-8-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-10-1959	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
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24. FUNERAL DIRECTOR ADDRESS Math. Hermann & Son Inc. 2161 E. Fair	25. DATE RECD. BY LOCAL REG. 6-8-59	26. REGISTRAR'S SIGNATURE John C. Murphy Md.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAREFULLY RELATED

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 *Glenn W. Nat*
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Licensed Embalmer No. *3737*
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.