MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044728

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11061 STATE FILE NUMBER

FILED DEC 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Length of stay in 1b 2 Weeks

c. CITY OR TOWN East St. Louis, Illinois — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Infirmary — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 623 Brady Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ANNER Middle Last PITTS

4. DATE OF DEATH Month November Day 15, Year 1962

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6/25/1889

9. AGE (last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Helena, Arkansas

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME SAM REED

13b. MOTHER'S MAIDEN NAME VIRGINIA (UNKNOWN)

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Address George Pitts, 623 Brady Ave., E.St.Louis, Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ADENOCARCINOMA of COLON — INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from NOVEMBER 1, to NOV. 15 and last saw her/him alive on NOV. 15, 1962
Death occurred at 1:00 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank E. Woodson [signature]

22b. ADDRESS 1516 E. BROADWAY

22c. DATE SIGNED 11/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11/18/62

23c. NAME OF CEMETERY OR CREMATORY Booker Washington

23d. LOCATION (City, town, or county) (State) Centreville Township, Illinois

24. FUNERAL DIRECTOR Marion E. Officer — ADDRESS 2114 Missouri Ave. East St. Louis, Ill.

25. DATE RECD. BY LOCAL REG. Nov. 17, 1962

26. REGISTRAR'S SIGNATURE Ward Smith, M.D.

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_____ Signed Marion E. Officer

Signature of Student Embalmer

Licensed Embalmer No. 5177

P. O. Address E St Louis, Ill.

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.