MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34969

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1503

City St Louis (No. Allerian Bro Hospital St. ..... Ward)

File No. ..... Registered No. 10115

2. FULL NAME Frank E. Porter

(a) Residence. No. 3154 Park Ave. St., 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Porter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 22 - 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	31	6	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Battery Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ronnadea Ohio
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James J. Porter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Isabelle Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT John H. Porter
(Address) 3154 Park ave.

15. FILED ..... 19 27 Max E. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6th, 1927, to Nov. 11th, 1927, that I last saw him alive on Nov. 11th, 1927, and that death occurred, on the date stated above, at 7.40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia.

contributory 109A (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 1000 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? ✓
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/7/27
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) L. C. Wilmsdorf, M. D.
, 19 (Address) 3010 S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL National Cemetery Jefferson Barracks — DATE OF BURIAL Nov 13, 1927

20. UNDERTAKER Wm. C. Moydell — ADDRESS 1926 Allen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

cated by check marks, following

Name: Frank E. Porter

Who died at: St. Louis, Mo. on Nov. 11, 1927,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Bronchio Pneumonia

Contributory: Operation for Inguinal Hernia Information given over Phone by Dr. W. C. Weinberg. Div. of V. S. 4-5-28

Where was disease contracted? _____

Did operation precede death? yes, _____ Date of _____

100a

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