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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3121 Portis Ave St. ..... Ward)

File No. 29065

Registered No. 8572

2. FULL NAME Wendell Cleo Porter

(a) Residence. No. 3121 Portis Ave. St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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 Tess Porter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2nd. 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	6	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrican

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER James A. Porter

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

12. MAIDEN NAME OF MOTHER Unk.-Love

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

14. INFORMANT Mrs. Tess Porter
(Address) 3121 Portis Ave.

15. FILED AUG 24 1928 Max C. Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22nd. 1928

17. I HEREBY CERTIFY, That I attended deceased from August 15th, 1928, to August 22nd, 1928, that I last saw him alive on August 22nd, 1928 and that death occurred, on the date stated above, at 11.00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

93e

107A ✓ (duration) ✓ yrs. ✓ mos. 3 ds.

CONTRIBUTORY ~~(SECONDARY)~~ Chronic Myocarditis

(duration) ? yrs. ? mos. ? ds.

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

9 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) A. W. Haldenried, M.D.

8/23, 1928 (Address) 4425 Morganford.

*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	DATE OF BURIAL
Lakewood Park Cemetery	Aug. 25- 1928
20. UNDERTAKER	ADDRESS
Wacker-Helderle	2331 S. Broadway

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.

WHITE PENNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD