

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

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.

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

Do not use this space.

OCT 24 1934

37228

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 741
Primary Registration District No. 6033
(No. 6142, Plymouth Ave.)

File No.
Registered No. 286 Ward)

2. FULL NAME

Charles H. Porter

(a) Residence, No. 6142 Plymouth Ave. St., Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 1 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tracy, Missouri

MOTHER FATHER
13. NAME George W. Porter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Houston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Nellie B. Porter
6142 Plymouth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Hill Cemetery DATE October 5, 1934

19. UNDERTAKER (ADDRESS) Geo. L. Pleitach Inc
5966 Eastern Ave

20. FILED 10-24-34 19 34 H. Bachmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1934 to Oct. 2, 1934

I last saw him alive on Oct. 2, 1934 Death is said

to have occurred on the date stated above, at 10:34 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset
930
112 930
Other contributory causes (if important):
Branchial Arterio 1910

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) L. J. ... M. D.

(Address) 1492 Hudson Ave

Dr. J. R. Davis
1492 Woodmont Ave

mu 4146