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.

REC'D JUL 12 1938

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

20454
Do not use this space.

791

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No.
Primary Registration District No. 1003
Registered No. 5593
(d) Street No. Homer Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Porter Baysinger 252
(a) Residence, No. 2925 Dayton St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1907
7. AGE YEARS 31 MONTHS 5 DAYS 18 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as 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) Tennessee 1

FATHER
13. NAME unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 1

MOTHER
15. MAIDEN NAME Bessie Baysinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL
PLACE WASHINGTON PARK DATE 6/22 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) ELMER E. PETTIS 3030 BELL
20. FILED JUN 21 1938 19 J. F. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1938
22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to June 19, 1938
I last saw him alive on June 19, 1938. Death is said to have occurred on the date stated above, at 7:45p m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 6/5/38

81 a

Other contributory causes of importance:
Generalized spastic paralysis (cause undetermined)
Peritonsillar abscess - Non-Diphtheret
Cause unknown -1c
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? 1
If so, specify
(Signed) Richard Hackney M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

## 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, Chas. Gaines, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**