REC'D AUG 12 1938

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

791
1003

23486
Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City ST. louis mo.

Registration District No. 1003

Primary Registration District No.....

Registered No. 6180

(d) Street No. City Sanitarium 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ELSIE PORTER 63 o

(a) Residence, No. 7707 snowden richmond heights St. nR Rch. Hts. Mo.
(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: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG. 28 . 1 890

7. AGE: Years 47 | Months 10 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: CLERK

9. Industry or business in which work was done, as saw mill, bank, etc.: CLERK

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS MO. 0

FATHER

13. NAME: John P. Cummings 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SCOTLAND UNKOWN 1

MOTHER

15. MAIDEN NAME: Louise Bärkdull

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bayou Sarah Louisiana

17. INFORMANT (ADDRESS): A.K. Busch, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE July 12 1938

19. FUNERAL DIRECTOR (NAME) C.R. Lupton + Sons (ADDRESS) 7233 Delmar Blvd. U. City

20. FILED JUL 11 1938 J.F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 7-9-38, 19

I last saw er alive on 7-9- 38, 19. Death is said to have occurred on the date stated above, at 12:00 M

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

	Date of onset
Perinephritic Abscess acute 7-6-38	
Pyeloscystitis 7-1-38x	

Other contributory causes of importance:

Carcinoma of Uterus 7-1-38x

Name of operation..... Date of..... Yes

What test confirmed diagnosis?..... Was there an autopsy?.....

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?..... /

If so, specify.....

(Signed) A.K. Busch, M. D.

(Address) City Sanitarium

Licensed Embalmer's Statement on Reverse Side)

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.

60M-8-38 1 X14028

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, ...

C H Murray, or by .....,

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

Signed C H Murray

Licensed Embalmer No. 4011

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.