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 OCT 12 1938

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

30475
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 7912
(c) City St. Louis (d) Street No. 2600, N. Whitter 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alford Porter 636
(a) Residence, No. 812 N. 13th St. 25
(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 Male
4. COLOR OR RACE Col
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) Unknown
7. AGE YEARS About 45 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Isabella Rollins 812 N. 13th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvery Cem. DATE 9/ 8/ 38, 19
19. FUNERAL DIRECTOR (NAME) E. L. Garner (ADDRESS) 2829 Washington Ave.
20. FILED SEP - 7 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/2/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:45 A.M.
The principal cause of death and related causes of importance were as follows:

Diffuse Generalized Peritonitis Contrib: Penetrating stab wound of left lobe of liver, caused by being stabbed by one, Lillian Powell, about 8:45 P.M., August 20, 1938, in home at 906 Biddle St.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 8/20/, 19 38
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury See Above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Alfred J. Perry, M.D.
(Address) Deputy Coroner

(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, 3994 Isaac Jerome Manlove, or by .....

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

Signed Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 3655 Windsor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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