

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

37640
 Do not use this space.

REC'D DEC 12 1938

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 791
 (b) Township _____ Primary Registration District No. 1008
 (c) City ST. LOUIS (d) Street No. 3522 Laclede St.
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 35 yrs. mos. ds.
abt.

2. PRINT FULL NAME

(a) Residence, No. 3522 Laclede St. 18 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maybell Porter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. 1880-6-30
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 4 -13

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1938, to Nov 13, 1938.
 I last saw her alive on Nov 13, 1938. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:
Cancer of urinary bladder
 Date of onset _____
 Other contributory causes of importance: _____

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
 9. Industry or business in which work was done, as saw mill, bank, etc. Scullery's stall
 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) Portonca 7
 13. NAME Not Known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 9
 15. MAIDEN NAME Not Known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 9
 17. INFORMANT Maybelle Porter - wife
 (ADDRESS) 4356 Cottage
 18. BURIAL, CREMATION, OR REMOVAL PLACE Farther Debon DATE Nov. 19th 1938
 19. FUNERAL DIRECTOR C. Young
 (ADDRESS) 4400 N. ...
 20. FILED NOV 18 1938 J. Brodeck Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) W. Young _____, M. D.
 (Address) 2316 ...

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.

STATEMENT BY LICENSED EMBALMER

I, P. M. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me 11/13/3

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed P. M. Green

Licensed Embalmer No. 1173

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.)