

REC'D APR 12 1939

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

8352
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis, Mo. (d) Street No. 4001 Delmar near 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 40 yrs. 3 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2117**

2. PRINT FULL NAME

ANDY PORTER
 (a) Residence, No. 4001 rear Delmar St. Louis, Mo. **19** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) months & day unknown 8 7 9

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 unknown unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
 9. Industry or business in which work was done, as saw mill, bank, etc. apartment 4021 Delmar
 10. Date deceased last worked at this occupation (month and year) 2-19-39 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri

FATHER 13. NAME Wilson Porter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

MOTHER 15. MAIDEN NAME Frances House

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

17. INFORMANT (ADDRESS) Marie Riley - cousin
3755 Finney Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3-6 1939

19. FUNERAL DIRECTOR (ADDRESS) John Riley Jr.
3755 Finney Ave.

20. FILED MAR 5 1939 J. D. Budick
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 2 1939

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1929, to March 2, 1939

I last saw him alive on March 25, 1939. Death is said to have occurred on the date stated above, at 2:05 p. m.

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

Other contributory causes of importance:

acute myocarditis caused by chronic myocarditis

Other contributory causes of importance: 93C

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? NO
 If so, specify.....

(Signed) J. D. Budick (HOLT, H. B.)

(Address) 125 N. 14th St.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No.

3389

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.)

3028 Dickson,