

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.

1 1939

MAY 11 1939

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

16175  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 284  
 (b) Township Normandy Primary Registration District No. 210  
 (c) City Wellston (d) Street No. 6142 Plymouth Ave. Registered No. 793  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 2. PRINT FULL NAME Nellie B. Porter.  
 (a) Residence, No. 6142 Plymouth Ave. St.  (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1967.

7. AGE YEARS 72 MONTHS 0 DAYS 2 IF LESS THAN 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Dont know. 9

FATHER 13. NAME Dont know. 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know. 9

MOTHER 15. MAIDEN NAME Dont know. 9  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

17. INFORMANT Mrs. Alma P. Ulrich.  
 (ADDRESS) 6142 Plymouth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill Cem. DATE May 3, 1939.

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.  
 (ADDRESS) 5966-68 Easton Ave.

20. FILED MAY - 1 1939 W. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1939

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 8:10 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of the left ovary  
Chronic myocarditis  
 Other contributory causes of importance:  
499  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical signs 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) John S. Linnell M. D.  
Coroner of St. Louis County, Mo.

**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, 3454

David C. Gibson

or by

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

Signed

David C. Gibson

Licensed Embalmer No. 3454

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.**