

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

13
96
7
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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37202

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1797

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town Rack Lake
(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(d) Length of stay: In hospital or institution 3 YEARS 6 MONTHS TEN DAYS
In this community 3 YEARS 6 MONTHS TEN DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 1
(c) City or town ST. LOUIS
(d) Street No. 2525 NEWHOUSE AVE
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME DONALD PORTER

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased MARCH 31, 1936

8. AGE: Years 3 Months 6 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI

10. Usual occupation

11. Industry or business

12. Name JAMES PORTER

13. Birthplace ST. LOUIS MO

14. Maiden name FRANCES WALLACE

15. Birthplace ST. LOUIS MISSOURI

16. (a) Informant's own signature James Porter

(b) Address 2525 NEWHOUSE AVE

17. (a) BURIAL (b) Date thereof OCT. 14, 1939

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Goodland and Goodhart
(b) Address 2228 ST. LOUIS AVE
19. (a) OCT 13 1939 (b) C. R. Meyers

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11 year 1939 hour 10 minute 01 M.

21. I hereby certify that I attended the deceased from Oct. 6 1939; that I last saw him alive on Oct 6 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Pneumonia

Due to Dedilitation of devesalized Peritonitis

Due to Rupture of ulcer of duodenum

Other conditions Acute enteritis

Major findings: Of operations Ruptured duodenal ulcer

Of autopsy Leaking closure & abscess. Gradual peritonitis & cancer pneumonia both

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

28. Signature Charles E. Gerson (M. D. or other)

Address St. Mary's Hospital Date signed 10-12-39

St. Louis, 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, or by.....

Charles J. Goodhart

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *2777*

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.