

No. 2  
11-10-39  
-17-39  
X21492

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 3929

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William J. Porter 676

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edna Porter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 1, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 5 28 hr. \_\_\_\_\_ min.

9. Birthplace Dixon Springs Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed 1929

11. Industry or business \_\_\_\_\_

12. Name Don C. Porter

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Nash

15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant U.E. Porter  
(b) Address 3209 Gary Drive

17. (a) Burial (b) Date thereof May 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Shepard Funeral Home  
(b) Address 1167 Hamilton Avenue.  
MAY 1 1940  
(Date received local registrar) (b) J. B. Brubaker  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29<sup>th</sup>  
year 1940 hour 11:55 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Fatal Pneumonia

Fracture of the Left Femur

Due to Centur's Solution

Due to suffered when

Other conditions Deceased slipped  
(Include pregnancy within 3 months of death)  
and fell to the floor

Major findings on April 14-1940 at a  
of operation \_\_\_\_\_

Of autopsy 1100 ft

accident

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 4/14/40

(c) Where did injury occur? Home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Walter Perry (M. D. or other)  
Address Regency Dr Date signed 5-1-40

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

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

Signed

*Guy W Wilkinson*

Licensed Embalmer No.....

*3575*

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.**