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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23889

State File No.

6334

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: Mo. Baptist Hospital
(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 636

3. (a) PRINT FULL NAME Thomas Charles 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 Married
6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 4 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 4 19 hr. min.

9. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Porter
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nanny Carpenter
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant T.C. Porter
(b) Address Syracuse, Mo.

17. (a) Removal (b) Date thereof 7-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Syracuse, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUL 28 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Syracuse N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 0 Route # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27 year 1940 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from 7-1-40, 19____, to 7-27-40, 19____; that I last saw him alive on 7-27-40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Gall bladder and liver

Due to: Primary site unknown

Other conditions: 46
(Include pregnancy within 3 months of death)

Major findings: Carcinoma
Of operations _____
Of autopsy _____

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury: _____
23. Signature R. Rauden (M. D. or other) _____
Address 4932 Morgan Ave Date signed 7-27-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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.....

J. S. Sullivan

Licensed Embalmer No. *1122*

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, fact should be so stated above.