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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19911

State File No. 5257

FILED JUN. 29 1942

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: 4355 Washington / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17/9

(c) City or town St Louis 9/1 (If outside city or town limits, write "RURAL")

(d) Street No. 4355 Washington. (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minnie Porter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife Samuel

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	80			hr. min.

9. Birthplace Litchfield (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation Housework.

11. Industry or business ~~John Asher~~

FATHER
12. Name John Asher
13. Birthplace (City, town, or county) / Illinois (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Ruth Lynch

(b) Address 4355 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-1942 (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Cem

18. (a) Signature of funeral director Powlow Funeral Svc

(b) Address Westfield Ill

19. (a) JUN 18 1942 (Date received local registrar) (b) J. B. Bedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 25, 1942 to June 16, 1942 that I last saw her alive on June 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis from	3 day
a Clin Myocarditis	
Due to Cirrhosis Liver	3 mo.
a Cute Nephritis - No	1 mo
Due to Chronic Nephritis	
Senility	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 0

23. Signature S. S. Levin (M. D. or other)

Address 4487 Westminster pl Date signed 6/17/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis, Mo

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.