S. No. 2
M—5-42
v. 5-17-39
I X32873

2190

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

Registration District No. 348

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35799

Primary Registration District No. 1003

Registrar's No. 10020

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. 22 Days (Specify whether years, months or days)

In this community 2 Mo 22 Days

2. USUAL RESIDENCE OF DECEASED: 000 12 9 19

(a) State Mo (b) County

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

(d) Street No. 616A N. Taylor Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph R. Porter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Myrtle L.

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

7. Birth date of deceased Aug 31st 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	2	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Unemployed

FATHER

12. Name Joseph R Porter

13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER

14. Maiden name Mary Maher

15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mae Blong

(b) Address 1440 Rankin Dr

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Hagerman & Sheahan Und Co

(b) Address 4415 Washington

19. (a) DEC 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29. year 1942 hour 10:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from September 8. 1942, to November 29. 1942 that I last saw him alive on November 29. 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Far advanced pulmonary tuberculosis c cavitation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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

23. Signature Drewry O. Stevens (M. D. or other)

Address 1515 Lafayette Date signed 11/30/42

(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.....Homer W. Fritz.....

Licensed Embalmer No.....3882.....

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.