V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8685

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 2410

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 4 21

(a) State Missouri (b) County

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

(d) Street No. 3311 Pine Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Earlene Porter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Col

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) - 20 (Day) 1943 (Year)

8. AGE: Years ~~1943~~ Months ~~feb~~ Days ~~18~~ ~~20~~ If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Ervin L Porter
13. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Ceatris Poole
15. Birthplace Keo ark (City, town, or county) 1 (State or foreign country)

16. (a) Informant ✓ Ceatris Porter
(b) Address 3311 Pine st

17. (a) (Burial, cremation, or removal) (b) Date thereof 3-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Lee J. Sneed
(b) Address 2812 Thomas st

19. (a) MAR 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, year 1943 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from March 7, 1943 to March 8, 1943 that I last saw her alive on March 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Otitis Media	Unknown
Due to	
Due to	
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

23. Signature E. L. Dickson (M. D. ~~or other~~)
Address Hoi Whittier Date signed 3/11/43

(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

My self, Registered Apprentice No.

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2266

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.