

FILED FEB 1 1944
Registration District No. 818

Primary Registration District No. 1003

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

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:
St. Louis Children's 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)

3. (a) PRINT FULL NAME Edward Loren 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 Single

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

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

7. Birth date of deceased Aug. 28 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1	4	25	hr. min.
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9. Birthplace Fort Mead South Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER

12. Name Troy L. Porter

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

14. Maiden name Lillian Johnson

15. Birthplace Lead South Dakota
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Porter

(b) Address Lead, South Dakota

17. (a) Removal (b) Date thereof 1-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lead, South Dakota

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 24 1944 (b) J. B. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State South Dakota County Lawrence

(c) City or town Lead
(If outside city or town limits, write "RURAL")

(d) Street No. 1112
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1944 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1-18, 1944 to 1-23, 1944
that I last saw him alive on 1-23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberulous meningitis 3. sud?
Mening Tuberculosis

Due to Lungs not affected

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?.....
(a) Means of injury

23. Signature Gilbert B. Forbes (M. D. or other)
Address 607 So Kingshighway Date signed.....

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.....

.....
working under my personal supervision.

Registered-Apprentice No.....

Signed.....

Albert G. Kappeler

Licensed Embalmer No.....

2921

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.