

FILED OCT 20 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8476

1. PLACE OF DEATH:
(a) County Washington Ave
(b) City or town St. Louis Mo
(c) Name of hospital or institution 2929 Washington
(d) Length of stay: In hospital or institution Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St
(d) Street No. 2929 Washington
(e) Citizen of foreign country? citizen

3. (a) PRINT FULL NAME Flemon Porter
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 29
year 1944 hour 6 minute 20 P.
21. I hereby certify that I attended the deceased from

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced 17
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

that I last saw h..... alive on 19..... to 19.....
and that death occurred on the date and hour stated above
Immediate cause of death fall from a porch when he was

7. Birth date of deceased April 8 - 1933
(Month) 22 (Day) 22 (Year) 33
8. AGE: Years 11 Months 5 Days 20
If less than one day hr. min.

Duration of illness 18 1/2
body died Chances of a dump
truck parked in rear yard of 2929 Washington Blvd. about
6:20 PM Sept. 29 1944

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

Other conditions (Include pregnancy within 3 months of death) 18 1/2

10. Usual occupation School Boy

11. Industry or business
12. Name Flemon Porter
13. Birthplace Terrel Arkansas
14. Maiden name Lillian Bryant
15. Birthplace St Louis Mo

Major findings: Of operations 18 1/2
Of autopsy 16
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Lillian Robinson
(b) Address 1319 Vandeventer

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 29 1944

17. (a) Burial (b) Date thereof 10 4 - 44
(c) Place: burial or cremation Greenwood

(c) Where did injury occur? St. Louis
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work per (Specify type of place) Means of injury see above

18. (a) Signature of funeral director Richard Toney
(b) Address 3129 Duquesne

23. Signature Thomas J. Callahan
Address Deputy Coroner Date signed 10-3-44

19. (a) OCT 5 1944 (b) John Grebeck
(Date received local registrar) (Registrar's signature)

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

Handwritten notes on the left margin, including "57" and "N".

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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, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No.

3371

P. O. Address

St Louis

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.