

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:  
**City Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 Hours**  
(Specify whether Life)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** **John T. Porter**

**3. (b) If veteran,** **no** name war

**3. (c) Social Security No.** **499-05-5477**

**4. Sex** **Male** **5. Color or race** **White**

**6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Mary** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **Mar. 22 1887**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
59	0	21	_____ hr. _____ min.

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

**10. Usual occupation** **Clerk**

**11. Industry or business** **Tax Collectors**

**12. Name** **Joseph R. Porter**

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

**14. Maiden name** **Mary Maher**

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

**16. (a) Informant** **Mae Blong**

**(b) Address** **1440 Ranken Dr.,**

**17. (a) Burial** **(b) Date thereof** **4-17-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Calvary Cemetary**

**18. (a) Signature of funeral director** *W. J. ...*

**(b) Address** **6175 Delmar**

**19. (a) APR 15 1946** **(b) J. F. Medsker**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County \_\_\_\_\_

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

(d) Street No. **4463 Delmar**  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **13**  
year **1946** hour **11** minute **20** **A.M.**

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

**Immediate cause of death**

*Coronary Hypertrophy*

**Due to** \_\_\_\_\_

**Due to** *Generalized Atherosclerosis*

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury? \_\_\_\_\_

**23. Signature** *W. J. ...* (M. D. or other)

**Address** \_\_\_\_\_ **Date signed** **4/11/46**

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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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed jos. E. McCulloch  
Licensed Embalmer No. 6175 Delmar  
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.