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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15102**
Registrar's No. **3835**

FILED MAY 9 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: Homer G Hospital
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME Sammie Porter
3. (b) If veteran, name war _____
3. (c) Social Security No. 497-07-4107

4. Sex Male 5. Color or race negro
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Marcelle
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 8 28 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 25
If less than one day hr. _____ min. _____

9. Birthplace: Cairo Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Tire Dealer

11. Industry or business _____

MOTHER FATHER

12. Name Edward Porter
13. Birthplace Mojo Ill
(City, town, or county) (State or foreign country)

14. Maiden name Clary Reed
15. Birthplace Cairo Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Porter
(b) Address 45-28 Cottage 46

17. (a) _____ (b) Date thereof 4/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director J. F. Bredeek
(b) Address 2732 Pine Blvd

19. (a) APR 27 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's denature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis (d) Street No. 2239 Pine Str
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1946 hour 5 minute 10 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 stab wound of forehead inflicted with knife in the home of one Carl Wood alias Carl Nelson (col) in the alley between 2232 and Chestnut Streets near 2232 Street around 10:00 P.M. April 22, 1946

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) Homicide
(b) Date of occurrence April 22 1946
(c) Where did injury occur? 2232 Pine in Public Alley
(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 to drive

23. Signature Patricia E. Dyer (M. D. or other) _____
Date signed 4/27/46

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 Joel Russell

Licensed Embalmer No. 4112

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.