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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18796

FILED JUN 6 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4641

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. Lukes Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Ladue 12
(If outside city or town limits, write "RURAL")
(d) Street No. 15 Warson Terrace N.R.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Claude T. Porter
3. (b) If veteran, name war World War I
3. (c) Social Security No. 489-03-7526
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Porter
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased June 22 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	11	0	hr. min.

9. Birthplace Evanston Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Vice President
11. Industry or business Porter Paint Co.
FATHER
12. Name Harry P. Porter
13. Birthplace Evanston Illinois
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Tillinghast
15. Birthplace Evanston Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Warren T. Chandler
(b) Address 51 Westmoreland Pl.
17. (a) Burial (b) Date thereof 5/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c)* Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.
19. (a) MAY 23 1946 (Date received local registrar) J. F. Bra[illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1946 hour 12:20 minute P. M.
21. I hereby certify that I attended the deceased from ...., 19...., to ...., 19....;
that I last saw h.... alive on ...., 19....;
and that death occurred on the date and hour stated above.
Immediate cause of death 1. Atelectasis of both lungs. 2. Cyclo Propane Anesthetic [illegible] undergoing an Operation for gall Bladder Ailment at St Luke Hospital on May 22nd 1946 at about 12:20 P.M. Calculuss
Due to
Due to
Duration
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
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 Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 5-23-46

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1945

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 Robert G. Sangster

Licensed Embalmer No. 4290

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.