

S. No. 2
M-5-43
5-17-39
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15539

State File No. _____

FILED APR 21 1948

Registrar's No. 2859

Registration District No. _____

Primary Registration District No. 1003

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. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4236 Baker Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE PORE

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 2, 5. Color or race Col. 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. April 4, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. _____ min.

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

10. Usual occupation None

11. Industry or business No

MOTHER FATHER

12. Name Johnnie Pore 0

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

14. Maiden name Beatrice Harris

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

16. (a) Informant Jessie Ball

(b) Address 4236 Baker Avenue

17. (a) Removal (b) Date thereof 4-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director C. J. Wash

(b) Address 3847 Page Bldg.

19. (a) APR 12 1948 (b) J. T. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 4-4-47 to 4-7-47 1947
that I last saw her alive on 4-7-47 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth Duration 6 months

Due to _____
Due to 159

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no
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 John Eubank (M. D. or other) _____
Address 1433 E. Baker Date signed 4/11/47

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

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..... *E. J. Dosh*

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

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.