

S. No. 2
I-12-45
7-5-17-39
FI X47070

FILED JUN 23 1947

Registration District No. **387**

Primary Registration District No. **6076**

Registrar's No. **1230**

1. PLACE OF DEATH:

(a) County **ST. LOUIS** *Koch*

(b) City or town **St. Louis** *Koch*

(c) Name of hospital or institution **Robert Koch Hosp**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **St. Louis**

(c) City or town **St. Louis**

(If outside city or town limits, write "RURAL")

(d) Street No. **2822 Franklin**

(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **ELMIRA PORTER**

3. (b) If veteran, name war _____

3. (c) Social Security No. **?**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **18** year **1947** hour **7** minute **A. M.**

21. I hereby certify that I attended the deceased from **6-13**, 1947 to **6-18**, 1947 that I last saw him alive on **6-17**, 1947 and that death occurred on the date and hour stated above.

4. Sex **Fem** Color or race **Col**

6. (b) Name of husband or wife **Lennie Porter**

6. (c) Age of husband or wife if alive **3-12-15** years (Month) (Day) (Year)

Immediate cause of death **Pulmonary TB F.A. IV**

Duration **7**

Due to **138**

8. AGE: Years **32** Months **3** Days **6** If less than one day hr. min.

9. Birthplace **HENNING - TENN.** (City, town, or county) (State or foreign country)

10. Usual occupation **Laundry Worker**

11. Industry or business _____

12. Name **George LAKE**

13. Birthplace **HENNING TENN.** (City, town, or county) (State or foreign country)

14. Maiden name **Effie Johnson**

15. Birthplace **HENNING TENN.** (City, town, or county) (State or foreign country)

16. (a) Informant **Deceased record**

(b) Address **Koch's Hospital**

17. (a) Removals **St. Louis** (b) Date thereof **6-20-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Manion, Indiana**

18. (a) Signature of funeral director **C. J. Nash**

(b) Address **3847 Page St.**

19. (a) **6-20-47** (Date received local registrar) (b) **Carla G. Thompson** (Registrar's signature)

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **Bernard Friedman** (M. D. or other) **7/19/47**

Address **Koch Hosp** Date signed **7/19/47**

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

Koch, Mo

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.....

Clairia M. Gask....., Registered Apprentice No. *424*
working under my personal supervision.

Signed *P. J. Gosh*.....

Licensed Embalmer No. *2430*.....

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.