2
47
39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948 818

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 38541 9979

Registrar's No.

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: 4456 KENNERLY Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4456 KENNERLEY
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HAZEL LAYER PORTER

3. (b) If veteran, name war NO.

3. (c) Social Security No.

4. Sex FE. 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced DIVORCED 3

6. (b) Name of husband or wife VERNON PORTER

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH (Month) 19 (Day) 1897 (Year)

8. AGE: Years 51 Months 7 Days 27. If less than one day hr. min.

9. Birthplace LINCOLN CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE.

11. Industry or business OWN HOME.

FATHER
12. Name Edward Porter
13. Birthplace LINCOLN CO. (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name SARAH WHEELER
15. Birthplace LINCOLN CO. (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs Julia Robinson

(b) Address Troy. MO.

17. (a) Troy, M (Burial, cremation, or removal) (b) Date thereof 10/18/48 (Month) (Day) (Year)

(c) Place: burial or cremation TROY. MO.

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Troy, Mo.

19. (a) NOV 17 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 16 year 1948 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 1, 1948, 19, to 11-16, 1948 that I last saw her alive on 11-16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Uterus

Due to ?

Due to 48

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration about 2 yrs

PHYSICIAN

Underline the cause of 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 [signature] (M. D. or other)

Address 450 Compton Ave Date signed 11/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1949

DEC 7 1951

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 Joseph J. Marsh

Licensed Embalmer No. 3932.

P. O. Address Troy 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.