

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35232
8726

FILED OCT 27 1950

State File No. 8726

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>3 1/2 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Missouri</i>		TOWN <i>2279</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>2811 Spruce St. Louis, Mo. various times since Feb. 19</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Ulysses</i> b. (Middle) <i>Simpson</i> c. (Last) <i>Porter</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 13, 1950.</i>				
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Aug. 9, 1900</i>		9. AGE (In years last birthday) <i>50</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MTH. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shop Laborer - Pensioned, R.R.</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Lourence County, Miss</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Frank Porter</i>		13b. MOTHER'S MAIDEN NAME <i>Amy Bankhead</i>		14. NAME OF HUSBAND OR WIFE <i>Millie Porter</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Millie Porter 2811 Spruce</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Cecum</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <i>with metastasis.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>Feb. 1950.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>			
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>153X</i>			
22. I hereby certify that I attended the deceased from <i>13 Feb, 1950</i> to <i>13 Oct, 1950</i> , that I last saw the deceased alive on <i>30 Sept, 1950</i> , and that death occurred at <i>10:35 p.m.</i> , from the causes and on the date stated above.							
22a. SIGNATURE <i>Walter Kromer</i> (Degree or title)				23b. ADDRESS <i>1755 So. Grand,</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>10/18/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>oaklona</i>		24d. LOCATION (City, town, or county) (State) <i>Miss</i>		
DATE RECD. BY SOCIAL REG. <i>OCT 16 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Barber</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Linkie & Toney 3129 R. Co.</i>			

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

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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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.