

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9984
2352
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

339
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</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 Mo</i>		c. LENGTH OF STAY (in this place) <i>3 289</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>HOSPITAL</i>		d. STREET ADDRESS (If rural, give location) <i>Clark</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>F.</i> c. (Last) <i>PORKERY</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2 19 51</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Oct 1884</i>
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <i>Iowa</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Clark</i>	13b. MOTHER'S MAIDEN NAME <i>Clark</i>	14. NAME OF HUSBAND OR WIFE <i>Clark</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <i>Clark</i>	17. INFORMANT'S SIGNATURE OR NAME <i>F.O. Taylor 1300 Clark</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Hypertrophies</i> ANTECEDENT CAUSES <i>Mycocarditis</i> DUE TO (c) <i>with Coronary Thrombosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>M. M. A</i>	
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)		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>H2O1</i>	
22. I hereby certify that I attended the deceased from <i>1:00</i> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____; from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>2/11/51</i>		23d. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>MAR 13 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Bldg</i>	
24d. LOCATION (City, town, or county) (State)		24e. DATE REC'D BY LOCAL REG. <i>MAR 13 1951</i>	
REGISTRAR'S SIGNATURE <i>J.B. Packer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service Inc.</i>	
ADDRESS		ADDRESS <i>St. Louis 10, Mo.</i>	

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 _____

Students of Mortuary College

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

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.