

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16106

State File No.

BIRTH NO. APR 23 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3799

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>2249</u>		
b. CITY OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place) <u>2 MON</u>	c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY Hosp.</u>			e. STREET ADDRESS (If rural, give location) <u>24 3217 NEBRASKA</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES E.</u> b. (Middle) <u>PORTER</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 9 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 26 1869</u>	9. AGE (In years last birthday) <u>83</u>	If UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>DAVID R. PORTER</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA OGLE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY PORTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN PORTER 3209 NEBRASKA</u>		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unk</u> <u>Feb 3-53</u>
19a. DATE OF OPERATION <u>none</u>	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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>			
22. I hereby certify that I attended the deceased from <u>Feb 3</u> , 19 <u>53</u> , to <u>April 9</u> , 19 <u>53</u> that I last saw the deceased alive on <u>Apr 9</u> , 19 <u>53</u> and that death occurred at <u>545 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Phel G Warner M.D.</u> (Degree or title)		23b. ADDRESS <u>Paul Brown Bldg. St. Mo</u>		23c. DATE SIGNED <u>Apr 10 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>APRIL 13 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART</u>	24d. LOCATION (City, town, or county) (State) <u>FESTUS MO</u>		
DATE REC'D BY LOCAL REG. <u>APR 10 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Glavia</u>		

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.....
Signature of Student Embalmer

Signed *Leo J. Budde*.....
Licensed Embalmer No. *3989*.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.