

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH10345
State File No. 2486

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 yr.		c. CITY OR TOWN St. Louis		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: 6708 Plateau Ave.				e. STREET ADDRESS (If rural, give location) 4 6708 Plateau Ave.				
3. NAME OF DECEASED (Type or Print) SOPHIA C PORTER			4. DATE OF DEATH Mar. 16, 1954					
5. SEX / F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 1-15-1865	9. AGE (In years last birthday) 89	10. MONTHS 2	11. DAYS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Old Monroe, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Wilhelm Goos			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James W. Porter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theodore C. Porter, above				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arterio sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio sclerosis 10 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 year
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)				
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? 334X				
22. I hereby certify that I attended the deceased from 3-12, 1954 to 3-16, 1954, that I last saw the deceased alive on 3-16, 1954, and that death occurred at 9:40 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M.D.				23b. ADDRESS 35 N. Central Ave., Clayton		23c. DATE SIGNED 3-17-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-19-1954	24c. NAME OF CEMETERY OR CREMATORY Highland Prairie		24d. LOCATION (City, town, or county) (State) Old Monroe, Mo.			
DATE REC'D BY LOCAL REG. 3-18-54		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J.P. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maple*

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.