

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32103

FILED SEP 21 1954

1003

State File No.
Registrar's No. 8176

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No. 8176			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (In months) 11 yrs			c. CITY OR TOWN St. Louis		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Homer Phillips				e. STREET ADDRESS (If rural, give location) 48II Leduc							
3. NAME OF DECEASED (Type or Print)		a. (First) Amanda		b. (Middle) _____		c. (Last) Portis		4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1954			
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 19, 1879		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 2 Days 12	IF UNDER 24 HRS. Hours 12 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil;			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Laura. Miss.			12. CITIZEN OF WHAT COUNTRY? USA?			
13a. FATHER'S NAME John Evans			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ola Mae Perry			ADDRESS 48II Leduc				
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, asthma, etc. It means the disease, injury, or complication which caused death.	<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i></p> <p>ANTECEDENT CAUSES <i>Arterio Sclerosis</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>							INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 4221							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <i>James M. Kelly Deputy Coroner</i>				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 9/2/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Sept. 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
DATE REC'D BY LOCAL REG. SEP 7 1954		REGISTRAR'S SIGNATURE <i>Carl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE Wright Funeral Home					ADDRESS 3100 Easton Ave	

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 *M. Claude Gord*.....

Licensed Embalmer No. *24*.....

P. O. Address *H-750*.....

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.