

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43918

State File No.

FILED JAN 18 1955
BIRTH NO. 92818-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12032

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) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips			d. STREET ADDRESS (If rural, give location) 11 1234 W. Evans 0			
3. NAME OF DECEASED (Type or Print) a. (First) Karen b. (Middle) Denise c. (Last) Porter			4. DATE OF DEATH (Month) (Day) (Year) 12 30 54			
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 12-28-54	9. AGE (in years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Henry Porter		13b. MOTHER'S MAIDEN NAME Juanita Pruitt		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ether M. Sheppard, CRL				ADDRESS 2601 N. Whittier
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.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure	ANTECEDENT CAUSES DUE TO (b) congenital heart disease					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Premature birth, neonatal death					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mongolism; Bilateral congenital cataracts; Central Nervous System damage-secondary to anoxia					7544
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?				
22. I hereby certify that I attended the deceased from 12-28- , 19 54 , to 12-30 , 19 54 , that I last saw the deceased alive on 12-30 , 19 54 , and that death occurred at 2:50 P. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) William H. Suxler, M.D.			23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 1-5-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-31-55	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. JAN 11 1955	REGISTRAR'S SIGNATURE J. Carl Smith MD mjb		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Howland-Allen Mortuary Service 4104 Manchester Ave.			

(Licensed Embalmer's Statement on Reverse Side) Louis 17, Mo.

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.