

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35379**

FILED NOV 10 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2402**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside of city limits: RURAL and give township) Clayton c. LENGTH OF STAY (in this place) D.O.A.		c. CITY OR TOWN So, Kinloch Park 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 Stey Louis P County Hosp.		STREET ADDRESS (If rural, give location) 349 Wilmore	

3. NAME OF DECEASED (Type or Print) a. (First) Steve	b. (Middle) _____	c. (Last) Porter	4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1955
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 24 Aug. 1897	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Terminal Railroad	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Yazoo County Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Harry Porter	13b. MOTHER'S MAIDEN NAME Alice Williams	14. NAME OF HUSBAND OR WIFE Alice Porter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 702-12-7559	17. INFORMANT'S SIGNATURE OR NAME Steve Porter	ADDRESS 4048 Garfield
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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) Death is attributed to multiple defects in vital organs with resultant hemorrhage. Causative agent would appear to be the multiple metallic fragments embedded throughout the thoracic organs.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kinloch Park St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Oct. 14, 1955 10:05 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gunshot wound of the right chest
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ronald J. Williams, Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 10-27-55
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24a. BURIAL TICKET REMOVAL _____	24b. DATE 21 Oct. 55	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. 10-19-55	REGISTRAR'S SIGNATURE Hubert R. Romber	25. FUNERAL DIRECTOR'S SIGNATURE Reliable Funeral Syd.	ADDRESS 1221 N. Taylor
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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

Paul V. Freeman

Licensed Embalmer No. *4680*

P. O. Address *4729 Dan*

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.