No. 300
10.48

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

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7596

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 324

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Richmond Heights [redacted]
c. LENGTH OF STAY (In this place) 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN FLORISSANT 4051
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 337 ST. LOUIS

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT b. (Middle) JOHN c. (Last) PORT

4. DATE OF DEATH (Month) (Day) (Year) FEB. 1, 1956

5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED **8. DATE OF BIRTH** SEPT. 20, 1916 **9. AGE** (In years last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN **10b. KIND OF BUSINESS OR INDUSTRY** GEN. MERCHANDISE **11. BIRTHPLACE** (City and State or Foreign Country) ST. LOUIS **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME WILLIAM PORT **13b. MOTHER'S MAIDEN NAME** ELLA BRUCE **14. NAME OF HUSBAND OR WIFE** STELLA PORT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** 495-16-1453 **17. INFORMANT'S SIGNATURE OR NAME** STELLA PORT **ADDRESS** FLORISSANT, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Kyphoscoliotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH unknown

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. Pulmonary emphysema — unknown

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** 4340 **20. AUTOPSY?** YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 25, 1956, *to* Feb 1, 1956, *that I last saw the deceased alive on* Feb 1, 1956, *and that death occurred at* 4:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE James R Jeffery Jr (Degree or title) MD **23b. ADDRESS** 25 N Central, Clayton 5 Mo **23c. DATE SIGNED** Feb 3, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** FEB. 6, 1956 **24c. NAME OF CEMETERY OR CREMATORY** SACRED HEART **24d. LOCATION** (City, town, or county) (State) FLORISSANT, MO.

DATE REC'D BY LOCAL REG. 2-3-56 **REGISTRAR'S SIGNATURE** Herbert R. Domke MD **25. FUNERAL DIRECTOR'S SIGNATURE** Gene Hutchens **ADDRESS** FLORISSANT, MO

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene A. Hutchens

Licensed Embalmer No. 496

P. O. Address FLORISSANT

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.