S. No. 300
V. 10.48

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

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32781

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2141

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
c. LENGTH OF STAY (in this place): 1mo. 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Normandy Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 4374 a Lee Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): RAY
c. (Last): PORTER

4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 56

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-12-1879
9. AGE (In years last birthday): 75 — 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): tool attendant
10b. KIND OF BUSINESS OR INDUSTRY: Modern Engineering
11. BIRTHPLACE (City and State or Foreign Country): Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William R. Porter
13b. MOTHER'S MAIDEN NAME: Catherine O'Reilly
14. NAME OF HUSBAND OR WIFE: Lorena Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: 486-20-3766
17. INFORMANT'S SIGNATURE OR NAME: William R. Porter, Jr. — ADDRESS: 4374 LEE

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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 14 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis, Atherosclerosis — 2 yrs
DUE TO (c) Infirmities of age

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: 4221
20. AUTOPSY? YES [ ] NO [X]

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* June, 1942, *to* Sept 8, 1956, *that I last saw the deceased alive on* Sept 8, 1956, *and that death occurred at* 2:16 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Hartmann (Degree or title) D.O.
23b. ADDRESS: 8700 Riverview
23c. DATE SIGNED: 9/11/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-11-56
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hills
24d. LOCATION (City, town, or county) (State): St. Louis Co.

DATE REC'D BY LOCAL REG.: 9-11-56
REGISTRAR'S SIGNATURE: Herbert R. Donderoid
25. FUNERAL DIRECTOR'S SIGNATURE: Hoffman-Harrell — ADDRESS: 1905 Union

(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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert R. Thompson J

Licensed Embalmer No. 433

P. O. Address .....

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