

FILED MAR 7 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007681

State File No.

1946

| | | | | | | | | |
|--|--|--|--|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | |
| 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) 7 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 (If not in hospital or institution, give street address or location) 38 DDA Home Phillip 217 2603 A Lawton Blvd | | | | e. STREET ADDRESS (If rural, give location) | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) _____ c. (Last) Porter | | | 4. DATE OF DEATH (Month) (Day) (Year) 2 16 58 | | 5. SEX M 6. COLOR OR RACE Col | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | |
| 8. DATE OF BIRTH 4-24-1915 | | 9. AGE (In years last birthday) 42 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road work | | 11. BIRTHPLACE (City and State or Foreign Country) Columbus Miss | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | 13a. FATHER'S NAME Joe Porter | | 13b. MOTHER'S MAIDEN NAME Cora James | | 14. NAME OF HUSBAND OR WIFE Single | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Dorthea Lee Bochar ADDRESS 5301 B. Miner Va | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exposure ANTECEDENT CAUSES DUE TO (b) Alcoholism Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Suffered while found on sidewalk at 370 South 3rd Street, on February 16th 1958. | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 3222 | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | |
| 21a. ACCIDENT (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St Louis Mo | | 21d. (STATE) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 16 58 ? 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:54 A.M. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE James M. Kellison | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 2-18-58 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) 2-20-58 | | 24b. DATE 2-20-58 | | 24c. NAME OF CEMETERY OR CREMATORY Father Dixon Cemetery | | 24d. LOCATION (City, town, or county) (State) County MO. | | |
| DATE REC'D BY LOCAL REGISTRY FEB 18 1958 | | REGISTRAR'S SIGNATURE Paul Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE W. G. Buslowe | | ADDRESS 2930 Dickson St. | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Leroy H. Bannister

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

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.