

Health, Welfare Public Service

XC-2338 988
SL 1508

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016323
STATE FILE NUMBER
3710

FILED APR 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3710

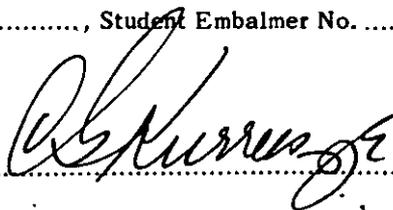
300 0
-57
CLEARED THRU THE CORONERS OFFICE BY DR. S. MATTARELLA.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SAINT CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN E. ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 1333 N. 26TH ST.	
Length of stay in lb 19 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last STEPHEN F. PORTER			4. DATE OF DEATH Month Day Year 3-31-58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/24/77
9. AGE (In years last birthday) 80		10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOTORMAN (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) NEWARK, OHIO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME STEPHEN G. PORTER	
13b. MOTHER'S MAIDEN NAME THERESA MURPHY		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes SPAW		16. SOCIAL SECURITY NO. 348-05-0328	
17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MATASITIS TO REGIONAL NODES, LIVER, LUNGS & VERTEBRAE.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 177x		INTERVAL BETWEEN ONSET AND DEATH 5 Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. VA attended the deceased from 3/12/58 to 3-31-58 and last saw him ^{him} alive on 3-31-58 Death occurred at 6:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward Koger (Degree or title) EDWARD KOGER M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 4-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 3, 1958	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or country) (State) Jefferson Barracks, Missouri
24. FUNERAL DIRECTOR W. Kurumaj St. Louis, Ill		25. DATE RECD. BY LOCAL REG. APR 2 '58	26. REGISTRAR'S SIGNATURE John Smith MD mjb.

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 

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Ill

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.