

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020365

STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 312

Primary Registration District No. 541

Registrar's No. 1365

300

-57

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1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton Brentwood, Missouri</u>		c. CITY OR TOWN <u>Brentwood 4511</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>8612 Grace Ave</u>	

3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Porter</u> Last <u>Porter</u>			4. DATE OF DEATH Month <u>5</u> Day <u>20</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 27, 1894</u>	9. AGE (In years last birthday) <u>63</u>	10. FUNDING YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Exterminator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>W.M. McCloud Exterminating Co</u>	11. BIRTHPLACE (City and state or country) <u>Columbia, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Walter Porter</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Carruthers</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Porter</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-01-4144</u>	17. INFORMANT <u>Anna Porter</u> Address <u>8612 Grace Ave, Brentwood, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
	DUE TO (c) <u>4200</u>	
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 type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <u>11:22</u> Month <u>April</u> Day <u>16</u> Year <u>1958</u> a.m. <u>11:22</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	COUNTY <u>St. Louis</u>	STATE <u>Missouri</u>
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21. I attended the deceased from <u>16 April 1958</u> to <u>20 May 1958</u> and last saw her alive on <u>2 May 1958</u> Death occurred at <u>11:22</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Kelmer C. Jackson M.D.</u>	22b. ADDRESS <u>4743 Easton-St. Louis, Mo.</u>	22c. DATE SIGNED <u>5/20/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/24/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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24. FUNERAL DIRECTOR <u>C.W. Roberts Und.Co</u> ADDRESS <u>1416 N. Taylor Ave</u>	25. DATE RECD. BY LOCAL REG. <u>5-21-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Donkels</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

891

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 *James Carter* .....

Licensed Embalmer No. *4681* .....  
P. O. Address *St Louis Mo* .....

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.