

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027342
State File No.

FILED AUG 11 1958
BIRTH NO.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 7446

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis Chronic Hospital 26		e. STREET ADDRESS (If rural, give location) 5830 Nottingham St.	
3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) M. c. (Last) Porter		4. DATE OF DEATH (Month) (Day) (Year) July 29 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-13-1883
9. AGE (In years) (last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Piasa, Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE Paul Porter	
13a. FATHER'S NAME Alonzo K. Florida		13b. MOTHER'S MAIDEN NAME Nancy L. Florida	
14. NAME OF DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15. SOCIAL SECURITY NO. 486-03-2270	
16. 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.		17. INFORMANT'S SIGNATURE OR NAME Paul Porter 5830 Nottingham	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 mo.</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		DUE TO (c) <i>Generalized Arteriosclerosis</i> <i>1 mo.</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized Osteoarthritis</i>		<i>1 mo. 9</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>420.0</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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 <u>June 23</u> , 19 <u>58</u> , to <u>July 29</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>July 29</u> , 19 <u>58</u> , and that death occurred at <u>10:15 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <i>John W. Beckham, M.D.</i>		23b. ADDRESS <i>5800 Breunel</i>	
23c. DATE SIGNED <i>7/30/58</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
24b. DATE <i>8-1-58</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bellefontaine Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W.C. Hoffmister</i>	
DATE REC'D BY LOCAL REG. <i>JUL 30 58</i>		ADDRESS <i>Colonial Mort. 6464 Chippewa</i>	

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 *Linus C. Hoffmann*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. B...*.....

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.