

DEC'D NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34460
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **5931 Kingsbury** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **666 ROBINSON LEE PORTER**

(a) Residence, No. **5931 Kingsbury** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode. If no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **IVY JUNE PORTER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 2, 1881**

7. AGE YEARS **57** MONTHS **6** DAYS **28** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **GUARD**

9. Industry or business in which work was done, as saw mill, bank, etc. **FEDERAL RESERVE**

10. Date deceased last worked at this occupation (month and year) **SEPT 1938** 11. Total time (years) spent in this occupation **13**

12. BIRTHPLACE (CITY OR TOWN) **LEWIS CO MO** (STATE OR COUNTRY) **MO**

13. NAME **SAMUEL T. PORTER**

14. BIRTHPLACE (CITY OR TOWN) **MISSOURI** (STATE OR COUNTRY) **MO**

15. MAIDEN NAME **ALPHA HOPE**

16. BIRTHPLACE (CITY OR TOWN) **MISSOURI** (STATE OR COUNTRY) **MO**

17. INFORMANT **Mrs Ivy June Porter** (ADDRESS) **5931 Kingsbury Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Cem** DATE **MAY 1 1938**

19. FUNERAL DIRECTOR **Shepard Funeral Home** (ADDRESS) **167 Hamilton Ave**

20. FILED **OCT 31 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 30 1938**

22. I HEREBY CERTIFY, That I attended deceased from **10/29/1938** to **10/30/1938**. I last saw him alive on **10/30/1938**. Death is said to have occurred on the date stated above, at **12:30 P. m.** The principal cause of death and related causes of importance were as follows:
Carcinoma of prostate gland
General Carcinomatosis
Metastases

Other contributory causes of importance:
None

Name of operation **None** Date of _____
 What test confirmed diagnosis **Cause of death** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____ (Signed) **O.W. Thie**, M. D.
 (Address) **5938 Kingsbury**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by....., Registered Apprentice No.
working under my personal supervision.

Signed... *Erny W Wilkinson*
Licensed Embalmer No. *3575*

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.)