

REC'D AUG 11 1939 791

Registration District No. 1008

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 634 A. N. Beaumont
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 12 years
 years, months or days)

3. (a) PRINT FULL NAME Alberta Porter 6363. (b) If veteran, name war _____ 3. (c) Social Security No. None4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 26 (Month) (Day) 1912 (Year)8. AGE: Years .27 Months 0 Days 29 If less than one day hr. _____ min.9. Birthplace Springfield Ill. (Quandress) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Albert Porter13. Birthplace St. Louis, Mo. (State or foreign country)14. Maiden name Pearl Hoover15. Birthplace Springfield Ill. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Pearl Porter(b) Address 634 A North Beaumont Street17. (a) Greenwood (b) Date thereof July 31st 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood18. (a) Signature of funeral director A. L. Beal Und Co.(b) Address 2726 Lucas Ave19. (a) 31 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
 (d) Street No 634A North Beaumont Street (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1939 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from June 29, 1939, to July 25, 1939
that I last saw her alive on July 22, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Cancer, T. B. Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury !23. Signature M. G. Mueller (M. D. or other) MDAddress 2335 Frankl. Date signed 7-29-39

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.

SEE OPPOSITE PAGE FOR 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Biddie Beal Anderson*

Licensed Embalmer No. *2929*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.