DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5133

Registration District No. 91 — Primary Registration District No. 1003 — Registrar's No. 1963

ENT MAR 12 1940

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township) 3

(c) Name of hospital or institution: Enroute City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3840a Blaine Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 636 Wm. Henry Porter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lelia

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 25, 1873 (Month) (Day) (Year)

8. AGE: Years 67 Months -- Days 29 If less than one day br. min.

9. Birthplace Roland, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Newspaper Vendor

11. Industry or business Self

FATHER
12. Name Ezekiel H. Porter
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? Saterfield
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl D Porter

(b) Address 1108 S.17th St., Mattoon, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) FEB 27 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1940 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Haemorrhage from lacerated left lung and fracture of all ribs on both sides, when struck

Due to by an automobile driven by one Harold Edwin Riddell, while walking

Due to across Tower Grove Ave. at Vandeventer, about 6:30 P.M., February 24, 1940.

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) Accident

(b) Date of occurrence February 24, 1940

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? Means of injury

23. Signature Alfred Werry (M. D. or other)

Address Deputy Coroner Date signed 2.27.40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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 Paul A. Keith

Licensed Embalmer No. 3602

P. O. Address 2317 Lafayette

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.