S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37457

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 9730

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County 1

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

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

(d) Length of stay: In hospital or institution 1 hr 40 min (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis NR
(If outside city or town limits write "RURAL")

(d) Street No. Jackson So Kinlock Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME Myrtle Porter, Twin #2

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race C

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 19 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 40 min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation 6

11. Industry or business

FATHER
12. Name Harold Porter 0
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Marybell Moore 1
15. Birthplace Port Arthur (City, town, or county) Texas (State or foreign country)

16. (a) Informant Florence A Spotts, Secy

(b) Address 2601 N Whittier

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-28-40 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton

(b) Address City Health Dept

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1940 hour 4:20 minute P M.

21. I hereby certify that I attended the deceased from Oct 19-2:40, 1940 to Oct 19-4:20, 1940
that I last saw her alive on Oct 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As Above

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature G E Place (M. D. or other)

Address 2601 N Whittier Date signed 11-8-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.