

MAR 17 1942
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
 (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:
City Sanitarium 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 3 mos. 17 da.
 (Specify whether
 In this community 56 yrs. x
 years, months or days)

3. (a) PRINT FULL NAME HELEN PORTER

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female 5. Color or race Col. 5. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased August 7, 1874
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	5	23	hr. min.

9. Birthplace unknown Mississippi
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER { 12. Name unknown

13. Birthplace unknown Mississippi
 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown Mississippi
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. McAllister
 (b) Address 4429 West Belle

17. (a) Burial (b) Date thereof Feb. 2, 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Russell Und., Co.
 (b) Address 2732 Pine Street

19. (a) FEB 2 1942 (b) J. T. Prudeek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4429 West Belle Place
 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
 year 1942 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from 10-13-41 19 to 1-29-42 19
 that I last saw her alive on 1-29-42 19
 and that death occurred on the date and hour stated above.

Immediate cause of death

<u>Intestinal Obstruction</u>	<u>4 ds.</u>
Due to <u>Herniation of Intestine through operation incision</u>	<u>4 ds.</u>
Due to <u>Fibromyoma of Uterus</u>	<u>4 dsx</u>
Other conditions <u>non-malignant</u> (Include pregnancy within 3 months of death)	

Major findings: same as above

Of operations same as above

Of autopsy Yes

PHYSICIAN 566
 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) in car

(b) Date of occurrence 1-29-42

(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. D

23. Signature Walter Ford (M. D. or other)
 Address St. Louis City San. Date signed 1-29-42

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..... *Joel Russell*
Licensed Embalmer No. *4112*
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, fact should be so stated above.