

FILED APR 13 1942

Registration District No. 797

Primary Registration District No. 1003

Registrar's No.

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:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 1 days (Specify whether  
In this community 10 weeks (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 27 000 17  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9  
(d) Street No. 3311 Pine (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25,  
year 1942 hour 10 minute 20 P. M.  
21. I hereby certify that I attended the deceased from March 24,  
19 42 to March 25, 19 42  
that I last saw him alive on March 25, 19 42  
and that death occurred on the date and hour stated above.

Duration  
10 days

Immediate cause of death  
Splenomegaly

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 D. S. Massee (M. D. or other) 0  
Address 2601 N. Webster Date signed 3/27/42

3. (a) PRINT FULL NAME Ervin Lee Porter

3. (b) If veteran, name war none 3. (c) Social Security No. none,

4. Sex Male 5. Color or race col 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 Jany 13th, 1942.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
xx 2 12 hr. min.

9. Birthplace St Louis, Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant,

11. Industry or business none,

12. Name Ervin Lee Potor,

13. Birthplace St Louis, Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ceatris Poole,

15. Birthplace Teller, Ark. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ceatris Porter

(b) Address 3311. Pine, Street, St Louis, Mo

17. (a) Burial (b) Date thereof Mar 28th, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. F. Sneed

(b) Address 2812 Thomas, St, St Louis, Mo.

19. (a) MAR 28 1942 (b) J. F. Sneed  
(Date received local registrar) (Registrar's signature)

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

079

**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.....

*myself*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *M. Houston*  
Licensed Embalmer No. *2266*  
P. O. Address *2812 Thomas St.*

**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.**