

FILED JUN 22 1942 91

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. John's Hospital 0  
(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)

3. (a) PRINT FULL NAME Guy Porter

3. (b) If veteran, name war None

3. (c) Social Security No. ....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Retta Porter

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April 13th 1899  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	1	26	..... hr. .... min.

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

10. Usual occupation Building Contractor

11. Industry or business.....

MOTHER FATHER {

12. Name George Porter

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Aida Potter

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Retta Porter

(b) Address 9907 Reavis Ave.

17. (a) Burial Arutt Mo.  
(Burial, cremation, or removal)

(b) Date thereof 6-11-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Arutt Mo.

18. (a) Signature of funeral director Kriegshausen Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 10 1942 (Date received local registrar)

(b) J. F. Predeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 76

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis Affton 0 NR  
(If outside city or town limits, write "RURAL")

(d) Street No. 9907 Reavis Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th  
 year 1942 hour 5:30 minute P.M. M.

21. I hereby certify that I attended the deceased from May 5 1939 to June 8 1942  
 that I last saw him alive on June 8  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease

Duration 34 5/8 mo

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 66 Malloy (M. D. or other) MD

Address 4030 Chouteau Ave Date signed 6/9/42

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

00  
17  
92

M.F.

#X

Dr. MATLOCK  
3-6 P.M.  
4030 Chestnut Ave

**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. *Edwin D. Mc Nemar*  
Licensed Embalmer No. *3024*  
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.**