

FILED MAR 27 1944 318

1003

Registration District No. 318 Primary Registration District No.

Registrar's No. 2508

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:
Firmin Desloge 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 Dunklin³⁵

(c) City or town Wilhelmina
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPHINE PORTER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-14 day 14
year 44 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from 2-17
19 44 to 3-14, 19 44
that I last saw her alive on 3-14, 19 44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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 June 9 1926
(Month) (Day) (Year)

Immediate cause of death.....
Brain Tumor unqualified

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy Brain tumor

Duration 5 mths.

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
17 9 5 hr. min.

9. Birthplace Claflin Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business.....

12. Name Albert B. Porter

13. Birthplace Rockville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fridel

15. Birthplace Manchester Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Porter

(b) Address Wilhelmina, Mo.

17. (a) Removal (b) Date thereof 3-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 3-15-44 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

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 J. J. Burns (By D. or other) M.A.
Address Firmin Desloge Hosp. Date signed 3-14-44

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

MOTHER FATHER

MAR 30 1944

2508

2508

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.....
.....
working under my personal supervision.

Signed *Albert G. Hoffe*.....
Registered Apprentice No.....
Licensed Embalmer No. *2971*.....

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.