

FILED JAN 15 1945
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **11314**

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 2 days U
(Specify whether

In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 20 So. 22nd St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Hallie Porter

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex MALE 5. Color or race C 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 ABT 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 27, year 1944 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from December 25, 1944 to December 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with pulmonary edema Duration Unk.

Due to _____

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

8. AGE: Years ABT 64 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace New Orleans LA
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name _____

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

16. (a) Informant Levy's Williams

(b) Address 20 S. 22nd St.

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

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bernice Love

(b) Address 3103 Washington

19. (a) JAN 3 1945 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 Alva Moore (M. D. or other) _____
Address 2601 W. Hetter Date signed 1/28/45

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

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.....

W. Claude Gordon

Licensed Embalmer No. *3487*

P. O. Address. *4075 Aldene*

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.