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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 29 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19250

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5103**

1. PLACE OF DEATH: **318**

(a) County **St. Louis, Missouri**

(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:  
**St. Louis Childrens 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 **Illinois** (b) County **Marion** **999**

(c) City or town **Centralia** **11**  
(If outside city or town limits, write "RURAL")

(d) Street No. **NR** (If rural, give location) **0**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Scott Paul Porter**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 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 **January 20 1947**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<b>0</b>	<b>4</b>	<b>0</b>	hr. _____ min.
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9. Birthplace **Centralia Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_

12. Name **Kenneth Porter**

13. Birthplace **Christopher Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ethel Kirkpatrick**

15. Birthplace **Los Angeles California**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Kenneth Porter**

(b) Address **Centralia, Ill.**

17. (a) **Removal** (b) Date thereof **5-21-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centralia, Ill.**

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

(b) Address **4700 Washington Blvd.**

19. (a) **MAY 21 1947** (b) **J. F. Bredack**  
(Date received local transfer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **20**  
year **47** hour **2** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **4-10-47**, 19 **47**, to **5-20**, 19 **47**.  
that I last saw h.i.m. alive on **5-20**, 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **PERITONITIS E PARALYTIC ILEUS PANCREATIC FIBROSIS**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 **J. F. Bredack** (M. D. or other) **0**

Date signed \_\_\_\_\_

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

MOTHER FATHER

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**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..... .....  
Licensed Embalmer No. 4077  
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.**