

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29906

State File No.

7413

AUG 23 1952

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

| | | | | | |
|--|------------------------|--|---|--|-----------------------------|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Jacobs | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital | | | d. STREET ADDRESS (If rural, give location) | | |
| 3. NAME OF DECEASED (Type or Print) Samuel | | a. (First) | | b. (Middle) | |
| c. (Last) Porter | | 4. DATE OF DEATH (Month) (Day) (Year) | | Aug. 1, 1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH June 30- 1911 | 9. AGE (In years last birthday) 41 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Feed Mill | 11. BIRTHPLACE (City and State or Foreign Country) St. Jacobs Township, Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME James Porter | | 13b. MOTHER'S MAIDEN NAME Nettie McAdoo | | 14. NAME OF HUSBAND OR WIFE Margaret Porter | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 361-09-9517 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Porter, St. Jacobs, Ill. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | MEDICAL CERTIFICATION | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Small Intestine Obstruction; Localized peritonitis; shot gun wound to chest, self inflicted at his home in St. Jacobs, Ill. on July 26 1952 around 9:45 pm</i> | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | II. OTHER SIGNIFICANT CONDITIONS <i>Summit, while suffering from temporary intestinal obstruction</i> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) Suicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 26 52 9p | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E976X | |
| 22. I hereby certify that I attended the deceased from <u>3</u> , 19 <u>52</u> , to <u>1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1</u> , 19 <u>52</u> , and that death occurred at <u>9:00</u> a.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Patrick J. Gray, Esq. | | | 23b. ADDRESS 1300 Pearl | | 23c. DATE SIGNED 8-2-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 8-2-52 | | 24c. NAME OF CEMETERY OR CREMATORY St. Jacobs, Ill. | |
| 24d. LOCATION (City, town, or county) (State) | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd | | | |
| DATE REC'D BY LOCAL REG. AUG 2 1952 | | REGISTRAR'S SIGNATURE J. Earl Smith MD | | | |

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fred J. Hammer

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo

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.