

STANDARD CERTIFICATE OF DEATH

State File No. **33325**

BIRTH NO. **56160** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7963**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 215	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			
d. STREET ADDRESS 15 5721 WATER		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) EARL	a. (First)	b. (Middle) TILMAN	c. (Last) PORTER	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 20, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG 11, 1952	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME JACK PORTER	13b. MOTHER'S MAIDEN NAME VIRGINIA PORTER	14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JACK PORTER	ADDRESS 5721 WATER
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septicemia		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 3402
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22. I hereby certify that I attended the deceased from **8-15-52**, 19**52**, to **8-20-52**, 19**52**, that I last saw the deceased alive on **8-20-52**, 19**52**, and that death occurred at **9:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Salvatore H. Piggini, M.D.	(Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 8-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 8/23/52	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARGUS	24d. LOCATION (City, town, or county) (State) ST. LOUIS, Mo.
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DATE REC'D BY LOCAL REG. AUG 22 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE FENDLER UND Co	ADDRESS 1420 MICH
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(Licensed Embalmer's Statement on Reverse Side)

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

Septicemia due to Staphylococcus meningitis due to unknown cause.

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 *Henry E. Embury* _____

Licensed Embalmer No. *4448* _____

P. O. Address *Illinois* _____

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.