

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36753  
State File No. 9570  
Registrar's No.

FILED NOV 12 1952

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2217	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>D.O.A. Homer G. Phillips</b>				d. STREET ADDRESS (If rural, give location) <b>2428 Cass Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Della</b>		b. (Middle)		c. (Last) <b>Porter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-15-52</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 9, 1904</b>	
9. AGE (In years last birthday) <b>48</b>		10. MONTHS <b>7</b>		11. YEARS <b>6</b>		12. HOURS & MIN. <b>6</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alex Lindsey</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Lindsey</b>		14. NAME OF HUSBAND OR WIFE <b>Gus Porter</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-10-0718</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gus Porter 2428 Cass Ave.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Captured Aneurysm of ascending Aorta with Neuropericardium</b> DUE TO (b) <b>and Cardiac tamponade</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>451X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:51 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Patrick C Taylor M.D.</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>10.17.52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 13, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Lukes Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clarksdale, Mississippi</b>	
DATE REC'D BY LOCAL REG. <b>OCT 17 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Keance</b>		ADDRESS <b>1221 N. Grand</b>	

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 *C. Brown*

Licensed Embalmer No. 4755

P. O. Address 1221 N. Leonard

**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.