

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28052

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 7393

|   |  |  |            |  |             |  |                  |                                  |  |
|---|--|--|------------|--|-------------|--|------------------|----------------------------------|--|
| BIRTH NO.   |  | REG. DIST. NO.   |            | PRIMARY REG. DIST. NO.   |             | Registrar's No.  |                  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MISSOURI<br>b. COUNTY  |             |  |                  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS  |  | c. LENGTH OF STAY (In this place)  |            | c. CITY OR TOWN ST. LOUIS  |             | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |                  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: HOMER G HOSPITAL   |  |  |            | e. STREET ADDRESS (If rural, give location) 4223 W. COOK AVE 21190   |             |  |                  |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print) ROBERT   |  |  | a. (First) |  | b. (Middle) |  | c. (Last) PORTER |                                  |  |
| 4. DATE OF DEATH  |  | 8 - 20   |            | 5. SEX MALE  |             | 6. COLOR OR RACE NEGRO   |                  |                                  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  |  | 8. DATE OF BIRTH JAN 18, 1913  |            | 9. AGE (In years last birthday) 42   |             | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor                       |                  |                                  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) Alabama  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |            | 13a. FATHER'S NAME Unk   |             | 13b. MOTHER'S MAIDEN NAME Unk  |                  |                                  |  |
| 14. NAME OF HUSBAND OR WIFE Sarah Porter  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)                        |            | 16. SOCIAL SECURITY NO.  |             | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Porter 4223 W. Cook Ave  |                  |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia; Contrib:-</i><br><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) <i>Chronic Nephritis with</i><br>DUE TO (c) <i>Hypertension</i><br><br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |             |  |                  | 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"/>   |             | 592 x  |                  |                                  |  |
| 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?   |            |  |             |  |                  |                                  |  |
| 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 7:00 p. m., from the causes and on the date stated above. |  |  |            |  |             |  |                  |                                  |  |
| 23a. SIGNATURE (Name or title) Patrick C. Taylor Coroner  |  |  |            | 23b. ADDRESS 1300 Clark  |             | 23c. DATE SIGNED 8-24-55   |                  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |  | 24b. DATE 8-26-55  |            | 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery  |             | 24d. LOCATION (City, town, or county) (State) Lemay St. Louis Conty MO   |                  |                                  |  |
| DATE REC'D BY LOCAL REG. AUG 24 1955  |  | REGISTRAR'S SIGNATURE [Signature]  |            | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros 3706 Finney Ave   |             |  |                  |                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Henry C. Williams*

Licensed Embalmer No. 4781...

P. O. Address 1205 Walton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.