

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015560

STATE FILE NUMBER

2 4261

FILED MAY 14 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5582 Waterman Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle Randell Last PORTER			4. DATE OF DEATH Month April Day 29 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 11, 1878
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired District Manager		10b. KIND OF BUSINESS OR INDUSTRY Servel Co.	11. BIRTHPLACE (City and state or country) Ripley, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Unknown	
14. MOTHER'S MAIDEN NAME Unknown		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. 494-09-7924		17. INFORMANT Mrs. Nell M. Porter, 5582 Waterman	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation DUE TO (b) Acute thrombosis of rt. coronary artery DUE TO (c) Arteriosclerotic heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.0			INTERVAL BETWEEN ONSET AND DEATH immediate " unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		COUNTY _____ STATE _____	
21. I attended the deceased from 4/25/59 to 4/29/59 and last saw him her alive on 4/29/59 Death occurred at 1:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arthur W. Neilson, M.D. (Degree or title)		22b. ADDRESS 5569 Delmar St. Louis, Mo.	
22c. DATE SIGNED 4/29/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	
23b. DATE 4-29-59		23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.	
25. DATE RECD. BY LOCAL REG. APR 29 1959		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

irth, affairs, service

00-56

32-291

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

med.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ ^{not} embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Was not Embalmed
Signed..... *G. W. Wilkinson*

Licensed Embalmer No. *3*

P. O. Address *4 for*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.