

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021628

FILED VS JUN 15 1960

318

1003

5719

STATE FILE NUMBER

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)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 5714 Labadie	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ellar Middle Porter Last Tittle			4. DATE OF DEATH Month 6 Day 1 Year 60			
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5. SEX F	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-3-97	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Houston, Miss.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Dan Porter	13b. MOTHER'S MAIDEN NAME Alice Dehai	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT Mrs. Ethel Williams-2506 A. Marcus	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pericarditis (bacteria)		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) infected wound of the left fore arm. Followed by incident sudden left arm was caught		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not treated by the terminal disease condition given in PART I (c) stroke water wings in home		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS A TOWNSHIP PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) at April 23 1960
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 4:23:60	Month, Day, Year 1 9 20 22
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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.) ob home	20f. CITY, TOWN OR LOCATION St Louis	COUNTY Mo	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Zuercher Deputy Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 6-3-60
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23. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE 6-6-60	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) Berkeley, Mo.
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24. FUNERAL DIRECTOR A. L. Beal Und. Co.	ADDRESS 4303 Delmar	25. DATE RECD. BY LOCAL REG. JUN 3 1960	26. REGISTRAR'S SIGNATURE Roald Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur P. Hollister

Licensed Embalmer No. 4221
P. O. Address 3100 Easton

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