

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045906

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **818** Primary Registration District No. **1003** Registrar's No. **11009** STATE FILE NUMBER

FILED NOV 22 1963

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		Length of stay in lb		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		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 Union Station		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4482 San Francisco	
3. NAME OF DECEASED (Type or print) First Middle Last Scott Perry Porter			4. DATE OF DEATH Month Day Year 11 3 63		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-8-1908	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coach Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Frisco R. R.		11. BIRTHPLACE (City and state or country) Lamont Miss.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Frank Porter		13b. MOTHER'S MAIDEN NAME Susie Jones	
14. NAME OF HUSBAND OR WIFE Odessa Porter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Odessa Porter		Address 4482 San Francisco			
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intra-Abdominal Hemorrhage; Contrib. Cause: Multiple Fractures of the Liver; suffered when tractor operated by deceased apparently fell from elevator at Union Station on Nov. 3, 1963, exact time unknown.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9/2.6-45					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) See above			
20c. TIME OF INJURY Hour o.m. p.m. 11-3-63	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.) Union Station 22		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.
20g. COUNTY		20h. STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title)		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 11-4-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-8-63	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jeffers on Barracks		(State) Mo	
24. FUNERAL DIRECTOR Atkins Bros. 3644 Finney Ave.		ADDRESS		25. DATE RECD. BY LOCAL REG. NOV 7 1963	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. REGISTRAR'S SIGNATURE Lead Smith, M.D.			

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STATEMENT BY LICENSED EMBALMER

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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 *John L. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus Ave

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.

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