

FEB 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
702
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. 5206 Northland Avenue Registered No. 558
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 6 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elisha Samuel Porterfield ⁶³⁶

(a) Residence, No. 5206 Northland Avenue Highland (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Lee Porterfield
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21st, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Miner
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 56 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia ¹

FATHER 13. NAME Jack Porterfield ⁴

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland ¹

MOTHER 15. MAIDEN NAME Margaret Sies

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs Frances Aubuchon
5206 Northland Avenue Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. DATE January 18, 1938

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc.,
429 N. Euclid Avenue

20. FILED J. J. Bredeck Local Registrar.
JAN 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15th 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1938 to Jan. 15, 1938

I last saw him alive on Jan. 15, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

myocarditis, Chronic ^{Date of onset} unknown

Other contributory causes of importance: MI

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Coronary Artery Disease ¹ M. D.

(Signed) James G. Drum ¹ M. D.

(Address) 1977 S. ...

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed *Bern C. Dunbar*
Licensed Embalmer No. *2272*

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.)