

APR 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8498  
Do not use this space.

791  
1003

Registered No. 2263

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1  
 (b) Township St. Louis Primary Registration District No. 1  
 (c) City St. Louis (d) Street No. St. Anthony Hospital St.  
 (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. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John Portuondo 7 Dr. Buenaventura Portuondo  
 (a) Residence, No. WR Belleville, Mo. St. WR  
 (Usual place of abode, if no street address, write county or city) (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 Josephine Thomas Portuondo  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11 - 1866  
 7. AGE YEARS 73 MONTHS 1 DAYS 28 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician  
 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) March 1, 1939  
 11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Santiago de Cuba

13. NAME John Portuondo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba

15. MAIDEN NAME Rita Tamaya

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

17. INFORMANT Dr. B. L. Portuondo (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville, Mo. DATE March 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jos. L. Burt Belleville, Mo.

20. FILED MAR 9 1939 J. B. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939, to March 9, 1939  
 I last saw him alive on March 8, 1939. Death is said to have occurred on the date stated above, at 8:35 P.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia - right.  
 Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

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 J. R. Kusella (Signed) St. Louis, Mo. M. D.  
 (Address) 1919 St. Louis, Mo.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Ben H. Baldwin  
Licensed Embalmer No. 2420  
P. O. Address St. Louis, Mo.

**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 this body is not embalmed, above space should be left blank.**