

36984

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

9214

DEC 22 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 1/2 hours
 In this community 17 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME HARRY (HERSCHEL) PORTNOY or PORTNOY

3. (b) If veteran, name war no
 3. (c) Social Security No. 491-18-3264

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Portnoy 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 67 hr. min.

9. Birthplace Russia
 (City, town, or county) (State or foreign country)

10. Usual occupation Portnoy Garment Co

11. Industry or business Dresses Mfg.

MOTHER FATHER
 { 12. Name Mechal Portnoy
 { 13. Birthplace Russia
 { 14. Maiden name Sarah Katz
 { 15. Birthplace Russia
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature David Portnoy
 (b) Address #9 Graybridge Dr. Ladue Villi

17. (a) Burial (b) Date thereof 11-21-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Openhandler

(b) Address 4469 Washington Blvd

19. (a) NOV 21 1941 (b) J. F. Brudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis County U. City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6711 Chamberlain
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 33 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
 year 1941 hour 8:30 minute a. M.

21. I hereby certify that I attended the deceased from Feb. 1, 1938, to Nov. 20, 1941, that I last saw him alive on Nov. 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cardiac Valvular Disease (mitral regurgitation) 3 yrs.

Due to _____

Due to _____

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury C

23. Signature Jos. P. Berman (M. D. or other) _____

Address 1225 N. Grand Date signed 11/20/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39

Rev. 5-17-39

GPO 1 X 1931

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.....

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

Signed *W. B. Crenshaw*.....

Licensed Embalmer No. *3669*.....

P. O. Address.....

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.