. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 8684

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96 2741

(a) State Missouri (b) County St. Louis County

(c) City or town (If outside city or town limits, write "RURAL") 0

(d) Street No. 823 Dammert Ave, Lemay (If rural, give location) N.R.

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Peter W; Porta

3. (b) If veteran, name war No

3. (c) Social Security No. 499-12-4248

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Frances Porta

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Jan (Month) 20 (Day) 1918 (Year)

8. AGE: Years 25 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Lemay, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Factory worker

11. Industry or business Champion Shoe Machinery Co.

FATHER
12. Name Jon Porta
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Lena Zeigelmeyer
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Frances Porta

(b) Address 823 Dammert Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mattese, Mo.

18. (a) Signature of funeral director Fendler Und Co

(b) Address 7420 Michigan

19. (a) 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1943 hour 12:55 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia; following extensive burns of body; when he slipped and fell into a tank of boiling water at the Champion Shoe Machinery Co., 3711 Forest Park Blvd., March 2nd, 1943, about 1:30 A.M.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) /

Major findings: Of operations 81

Of autopsy 25

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence March 2nd, 1943

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place (Specify type of place) 18

While at work? (e) Means of injury

23. Signature Alfred G Perry (M. D. or other)

Address Dupont Co. Date signed 3/22/43

(Licensed Embalmer's Statement on Reverse Side)

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 Olive E Pendle

Licensed Embalmer No. 4148

P. O. Address Lemay

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, fact should be so stated above.