

U. S. No. 2
FORM—8-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32271**

FILED **OCT 19 1945**
918

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **8809**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____

3. (a) PRINT FULL NAME William Henry Porzel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 11 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	1 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nihil

11. Industry or business _____

12. Name Henry Porzel

13. Birthplace Ferguson Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Helen Hoormann

15. Birthplace Florissant Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Porzel

(b) Address Ferguson, Missouri.

17. (a) Burial (b) Date thereof 10/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sacred Heart Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Mo.

19. (a) OCT 12 1945 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 200 Henquin Dr.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1945. hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10/11, 1945, to 10/11, 1945 that I last saw him alive on 10/11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to Premature rupture of membranes (30 hrs)

Other conditions 159

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)

(c) Means of injury _____

23. Signature Leo Augustus (M. D. or other) M.D.

Address Ferguson Mo. Date signed 10/12/45

Duration 5 Mins.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 No Embalming
Licensed Embalmer No.....
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, fact should be so stated above.