

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40072**  
 Registrar's No. **11078**

FILED DEC 15 1947 **318**  
 Registration District No.

Primary Registration District No. **1003**

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

**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: Old Folks Home - 1438 E Grand  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 yrs 5  
(Specify whether)  
 In this community 44 yrs  
years, months or days

**3. (a) PRINT FULL NAME** Private Portney  
**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
 name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** Female **5. Color** White **6. (a) Single, widowed, married,** Widowed  
late **6. (b) Name of husband or wife** Private **6. (c) Age of husband or wife if** \_\_\_\_\_  
Portney **alive** \_\_\_\_\_ **years** \_\_\_\_\_  
**7. Birth date of deceased** Unknown  
(Month) (Day) (Year)

**8. AGE:** Years 88 Months - Days - If less than one day \_\_\_\_\_  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Russia **6**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** Housewife

MOTHER FATHER

**12. Name** Jacob Weich-Sengel  
**13. Birthplace** Russia **6**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Olta - ?  
**15. Birthplace** Russia **6**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Nathan Rosenthal  
**(b) Address** 1526 Clara

**17. (a)** Burial **(b) Date thereof** Dec-3-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Chester Shel Emeth Cem

**18. (a) Signature of funeral director** Orenbach & L  
**(b) Address** 5010 E. 9th St

**19. (a)** DEC 2-1947 **(b)** J. Bredenk  
(Date received local registration) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO (b) County St Louis  
 (c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1438 East Grand  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec-12 day 2  
 year 1947 hour 12 minute 05 A. M.  
**21. I hereby certify that I attended the deceased from** 11/1/47  
21 1947 to Dec 2 1947  
 that I last saw her alive on Dec 1 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
embolus cordialis  
 Due to arteriosclerosis

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
PH

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**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) \_\_\_\_\_  
 (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 \_\_\_\_\_  
**23. Signature** W. W. ... **(M.D. or other)** MD  
 Address 1918 East Grand Date signed \_\_\_\_\_

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**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. J. Kerkland*.....  
Licensed Embalmer No. *3669*.....  
P. O. Address *5010 Enright*.....

**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. '**