

FILED MAY 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13662  
 Registrar's No. 78

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 910 PRIMARY REG. DIST. NO. 3058

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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>705 Water St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>705 WATER.</b>			

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3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Anna</b>	b. (Middle) <b>Emily</b>	c. (Last) <b>Portzig</b>	(Month) <b>April</b>	(Day) <b>7</b>	(Year) <b>'51</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 23 1951</b>		
			9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (State or foreign country) <b>St. Charles Co. Mo. O</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Portzig</b>	13b. MOTHER'S MAIDEN NAME <b>Not known</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Z. Glenn Jones</b>	ADDRESS <b>St. Charles Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gen. Carcinomatosis</b>		<b>2 yrs -</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>carcinoma of left</b> DUE TO (c) <b>Submaxillary gland</b>		<b>2 yrs -</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/4/1948 to 4/7/1951, that I last saw the deceased alive on 3/27/1951, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. Budke</b>	(Degree or title) <b>MD.</b>	23b. ADDRESS <b>126 So Main St. St. Charles, Mo</b>	23c. DATE SIGNED <b>4/23/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-9-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Portzig Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles R2 Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 23-51</b>	REGISTRAR'S SIGNATURE <b>Fannie Hamlet</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed Keethy</b>	ADDRESS <b>Hallam Mo.</b>
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 30 1951

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*E. Keithly*

Licensed Embalmer No. *822*

P. O. Address *Dallas 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, fact should be so stated above.