

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007542

STATE FILE NUMBER

2-1201

FEB 24 1959

Registration District No.

Primary Registration District No.

Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3414 McKean Ave.
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT C. PORTE			4. DATE OF DEATH Month Day Year Jan. 31 1959			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 25, 1885	9. AGE (In years last birthday) 73	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stove Mounter (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Magic Chef Stove Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Herman Brembach	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Margaret Porte
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None	16. SOCIAL SECURITY NO. 490-03-5800A	17. INFORMANT Margaret Porte	Address 3414 McKean Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Embolus;</i> DUE TO (b) <i>Fracture of the right humerus.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS (e.g., chronic disease, habits, etc.) <i>Talco powder bur injury, suffered in collision between car operated by que, Louis Viola, in vicinity of Grainman and Arsenal streets.</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of accident, and PART I, PARAGRAPH 18) <i>by que, Louis Viola, in vicinity of Grainman and Arsenal streets.</i>
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20c. TIME OF INJURY 7:15 p.m. 1 16 59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 130 Street	20f. CITY, TOWN, OR LOCATION St. Louis Mo	20e. COUNTY St. Louis Mo	STATE
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20e. COUNTY	20f. CITY, TOWN, OR LOCATION	20g. COUNTY	STATE
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21. I attended the deceased from Death occurred at 4:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	and last saw her alive on
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22a. SIGNATURE <i>John E. J. [unclear]</i>	(Degree or title) 3	22b. ADDRESS 1300 [unclear]	22c. DATE SIGNED 2/13/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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24. FUNERAL DIRECTOR Kriegshauser	ADDRESS 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG. FEB 3 59	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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-57
4
594
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JUL 28 1959

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
Signature of Student Embalmer

Signed *William B. White*

Licensed Embalmer No. *4281*

P. O. Address *407 S. Kingsley*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.