MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19850

1. PLACE OF DEATH
County: St Louis — Registration District No. 791 — File No.
Township: — Primary Registration District No. 1003 — Registered No. 5605
City: Missouri (No. St Marys Infirmary St. Ward)

2. FULL NAME: Patrick Portell
(a) Residence. No. Festus, Mo St., 22 Ward. Festus Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 3-1857

7. AGE: Years 70 — Months 2 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Pittsburg
(b) General nature of industry, business, or establishment in which employed (or employer): Plate Glass Co.
(c) Name of employer: Labor

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

14. INFORMANT: Anthony Duester
(Address) Festus Mo.

15. FILED JUN 16 1927 19 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/16/27 19

17. I HEREBY CERTIFY, That I attended deceased from 6-10-27, 19, to 6-16-27, 19 that I last saw him alive on 6-15-27, 19, and that death occurred, on the date stated above, at 7:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
93C
95B 90B (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Dilatation of heart (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Exam.
(Signed) Eugene F. Moore, M.D
6/16/27 19 (Address) 1536 Papin.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Festus Mo — DATE OF BURIAL: 6/19 1927

20. UNDERTAKER: Duester & Vinyard — ADDRESS: Festus Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD