

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.

1437 OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32486

Do not use this space.

8540

1. PLACE OF DEATH

(a) County _____ Registration District No. **791**
 (b) Township _____ Primary Registration District No. **1003**
 (c) City ST LOUIS, Mo. (d) Street No. FIRMIN DESHAYES St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. CADET, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MABEL PORTELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 51 - - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TIFF MINER

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POTOSI Mo.

13. NAME CHARLES PORTELL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POTOSI Mo.

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) HOMER PORTELL
CADET, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE OLD MINES, Mo. DATE 9-12, 1937

19. FUNERAL DIRECTOR (ADDRESS) Zee Motherhead
De Soto, Mo.

20. F. SEP 11 1937 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Subdural Hemorrhage of brain
traumatic labor pneumonia
as a result of injuries
sustained in a train accident
near De Soto Missouri

Other contributory causes of importance:
Sept. 9th 1937 Train accident
(Other details unknown)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 9/9, 1937
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Industrial
 Nature of injury Subdural Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify Alfred Perry
 (Signed) Deputy Coroner
 (Address) _____

STATEMENT BY LICENSED EMBALMER

I, Wm Rogers, Licensed Embalmer No. 3905
herby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Wm Rogers
Licensed Embalmer No. 3905

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.)