DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14023

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 190

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No.: 4201 Mc Ree Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Albert L. Portell

3. (b) If veteran, ~~Name of~~ U. S. Army

3. (c) Social Security No.

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: June (Month) 4 (Day) 1921 (Year)

8. AGE: Years	Months	Days	If less than one day
19	11	0	hr. min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: U. S. Army

11. Industry or business

FATHER
12. Name: Albert Portell
13. Birthplace: Old Mines, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Whaley
15. Birthplace: Old Mines, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: A. L. Portell

(b) Address: 4201 Mc Ree St., St. Louis, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 5, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Louis

18. (a) Signature of funeral director: Greer - Croy Funeral Ser.

(b) Address: Poplar Bluff, Missouri

19. (a) 5-5-41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1941 hour 10:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Skull fracture and severed jugular vein.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: none

Duration

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): Auto accident on Hy. 67

(b) Date of occurrence: 5/4/41

(c) Where did injury occur? 16 Miles N. of Poplar Bluff, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Hy. 67 - Lost control of car - car upset - No collision (Specify type of place)

While at work? No (e) Means of injury

23. Signature: Alfred M. Green (M. D. or other) Coroner of Butler County

Address: Poplar Bluff, Mo. Date

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39

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 Wallace N Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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, above space should be left blank.