790

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1946

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 335

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ENROUTE CITY HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether in this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 730 A SOUTH BROADWAY (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joe Porfido

3. (b) If veteran, name war —

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 Unknown (Month) (Day) (Year)

8. AGE: Years 71 Months Days If less than one day hr. min.

9. Birthplace ITALY (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant H. L. Beasley

(b) Address 728 South Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/46 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JAN 11 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9 year 1946 hour 10 minute 30 A 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 Chronic Myocarditis

Due to Chronic Interstitial Nephritis

Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M. D. or other) Dep. Cor

Address 1300 Clark Date signed 1-11-46

(Licensed Embalmer's Statement on Reverse Side)

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

2981

STATEMENT BY LICENSED EMBALMER

Not embalmed

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.