

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3864

State File No.

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6736 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marthasville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emmanuel Home</u>		d. STREET ADDRESS (If rural, give location) <u>16 yrs</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Rodgers</u> c. (Last) <u>Porteous</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 19, 1929</u>
9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Webster Groves, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James W. Porteous</u>	
13b. MOTHER'S MAIDEN NAME <u>Ruth H. Harris</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John H. Puhl, Marthasville Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute gastritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ANTECEDENT CAUSES DUE TO (b) <u>Feeble minded pro-fertile</u> DUE TO (c) <u>drunk</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3/16/2</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 1940</u> , to <u>Feb 11, 1949</u> , that I last saw the deceased alive on <u>Feb 10 1949</u> , and that death occurred at <u>7 9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Marthasville Mo</u>	23c. DATE SIGNED <u>2/11/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAIN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>2/11/49</u>	REGISTRAR'S SIGNATURE <u>H. Johnson</u> 334	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker and Co. Webster Groves Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Date Filed FEB 14 1949

District No. 11

District Health Officer No. 9

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 _____
Student Embalmer

Signed *Delmont F. Lichtenberg*

Licensed Embalmer No. 4318

P. O. Address Marthasville, Mo.

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.