

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10440**

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2686**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 2 WKS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST Hosp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 1941	
3. NAME OF DECEASED (Type or Print) a. (First) DELLA b. (Middle) Portegys c. (Last) Portegys		4. DATE OF DEATH (Month) (Day) (Year) 3 20 52	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY-25-1888
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 7 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME ROBERT RAY	
13b. MOTHER'S MAIDEN NAME CYNTHIA-BUNCH		14. NAME OF HUSBAND OR WIFE JOHN-PORTEGYS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mabel Ross - 3455 Manhattan
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PC Pulmonary edema DUE TO (c) atelectasis left + lower lobe II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. adenocarcinoma of cortex left adrenal	
INTERVAL BETWEEN ONSET AND DEATH 8 hrs		2-3 yrs??	
19a. DATE OF OPERATION 3-18-52	19b. MAJOR FINDINGS OF OPERATION adrenal cortical adenocarcinoma 1900 gms		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 195X	
22. I hereby certify that I attended the deceased from MAR 14, 1952 , to MAR 20, 1952 , that I last saw the deceased alive on MAR 20, 1952 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE D. J. Verdam, M.D. (Degree or title)		23b. ADDRESS 4500 Olive	23c. DATE SIGNED 3-21-52
24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE 3-24-52	24c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cem.	24d. LOCATION (City, town, or county) (State) BONNE TERRE, MISSOURI
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 21 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Smith 7456 Manchester Maplewood	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. E. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.