

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5474**

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) township) 3 1/2 weeks	c. CITY OR TOWN Overland
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific Hospital		STREET ADDRESS (If rural, give location) 9437 Burdella	
3. NAME OF DECEASED a. (First) Doris b. (Middle) E. c. (Last) Portis		4. DATE OF DEATH (Month) (Day) (Year) June 11, 1957	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 22, 1927
9. AGE (In years last birthday) 29		10. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Clarkville, Tennessee
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jack Bernine		13b. MOTHER'S MAIDEN NAME Anna Smith	14. NAME OF HUSBAND OR WIFE Ronald R. Portis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ronald R. Portis, 9437 Burdella

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Carcinoma		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Carcinoma LEFT ovary.		9 mo.
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		175x		
19a. DATE OF OPERATION 6-8-57	19b. MAJOR FINDINGS OF OPERATION Ruptured Ca Left ovary.		20. AUTOPSY? 2 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 **May 14, 1957**, to **June 11, 1957**, that I last saw the deceased alive on **June 11, 1957**, and that death occurred at **8:25 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bert M. Passanante, M.D.	23b. ADDRESS 462 N. Taylor, St. Louis Mo	23c. DATE SIGNED 6/11/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 14 1957	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. JUN 12 57	REGISTRAR'S SIGNATURE Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave

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 Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed
Licensed Embalmer No. 372

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.