

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040436

FILED VS OCT 24 1960

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2956 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</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, give TOWNSHIP only) <u>KIRKWOOD</u>		Length of stay in 1b <u>1 DAY</u>		c. CITY OR TOWN <u>MEHLVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>ST JOSEPH HOSPITAL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4446 BUTLER HILL RD</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HORTENSE BARBARA PORTA</u>				4. DATE OF DEATH Month Day Year <u>OCT-5-1960</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG-14-1925</u>	9. AGE (last birthday) <u>35</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>1 22</u>	IF UNDER 24 HR Hours Min. <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ERNEST GRAB</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE EDER</u>		14. NAME OF HUSBAND OR WIFE <u>HERMAN J. PORTA</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>492-22-1335</u>		17. INFORMANT <u>HERMAN J. PORTA</u>		Address <u>4446 BUTLER HILL ROAD ST. LOUIS MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		<u>Diabetes mellitus - diabetic coma</u>				<u>5 years</u>	
DUE TO (b)						<u>1 day</u>	
DUE TO (c)		<u>Enlargement of the liver</u>				<u>hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1955</u> to <u>10-5-60</u> and last saw her <u>live</u> on <u>10-5-60</u> Death occurred at <u>1 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert M. Tichenore M.D.</u>				22b. ADDRESS <u>P.O. Box 6 Springington 23 Mo.</u>		22c. DATE SIGNED <u>10-7-60</u>	
23a. BURIAL, CREMATION, REPT. (Specify) <u>CREMATION OCT-8-1960</u>		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>ASSUMPTION CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>MATTESE MO.</u>		
24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME, MEHLVILLE MO.</u>			25. DATE RECD. BY LOCAL REG. <u>10-10-60</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Gan Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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.