

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32115

State File No.

FILED SEP 24 1946
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7956

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4407 Delor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 years (Specify whether years, months or days)
In this community 67 years

3. (a) PRINT FULL NAME William Joseph Portis

3. (b) If veteran, none name war
3. (c) Social Security none No.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife late Mary H. Portis
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 17th, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 17 23 hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER {
12. Name Benjamin Portis
13. Birthplace North Carolina (State or foreign country)
14. Maiden name Minerva Johnson
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Corinne Hart

(b) Address 4407 Delor

17. (a) Burial (b) Date thereof 9-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) SEP 16 1946 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4407 Delor (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th
year 1946 hour 4:20 AM minute 0 M.

21. I hereby certify that I attended the deceased from August 23, 1946, to September 14, 1946;
that I last saw him alive on September 13, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis
Generalized arteriosclerosis
Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)
93

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Bernard T. Koon (M. D. or other) M.D.

Address 4755 S. Morgan Road Date signed 9/14/46
22 Delor St. St. Louis

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John P. Beechholz*
Licensed Embalmer No. *1674*
2223 P. O. Address *H. Louis Ave*

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.

Dr. Moore - Hester & Massey 4755