























WEBSTER, PA.
1948









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A black and white photograph of a man in a dark suit and top hat sitting on a donkey. The donkey is pulling a long banner that reads "Society For Better Living for 'Fresh Air & Green Grass'". In the background, there is a light-colored car and several people in uniform standing near other vehicles. The scene appears to be outdoors on a dirt or gravel surface.

Society For Better Living
for "Fresh Air & Green Grass"

OCTOBER 29-31, 1948

- Temperature or Weather Inversion.
- Cold air traps warm air near surface.
- No draft or uplift to disperse toxic effluent from waste stacks. Stagnant Atmosphere.
- Twenty-seven deaths. Thousands ill. Over 500 hospitalized.
- Pathogen: Fluorine gasses and Sulfur Trioxide attack lung tissue.



- “We do not feel our smoke and fumes are harmful.” M.M. Neal, Superintendent Donora Zinc Works, American Steel and Wire Co.
- The Donora Herald-American.
2 November, 1948.

📌 “These guys stormed the beaches of Normandy. What’s a little smoke to them?”

Harry Loftus, Executive,
American Steel and Wire Co.
Donora Works

Guenter Kunert

b. March 6 1929

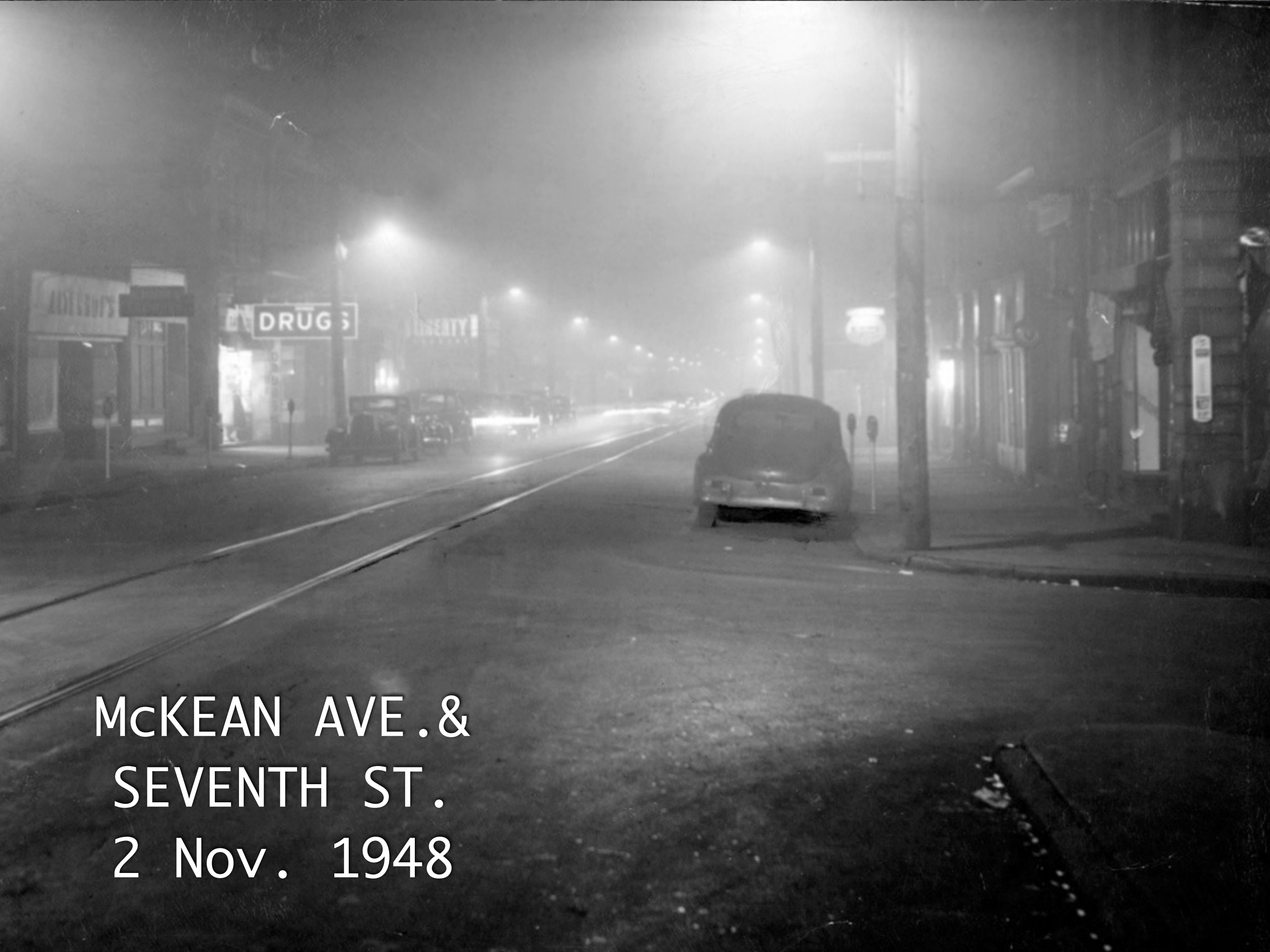
Berlin, Germany

Writer, Poet,
Artist.

“Song of a
Small Town”







McKEAN AVE. &
SEVENTH ST.
2 Nov. 1948

McKean & 7th St. Looking South



















Open Hearth
ca. 1948



Open Hearth ca. 1948

7
7
1





SPEED
LIMIT
25
MILES

RICO'S
CAFE

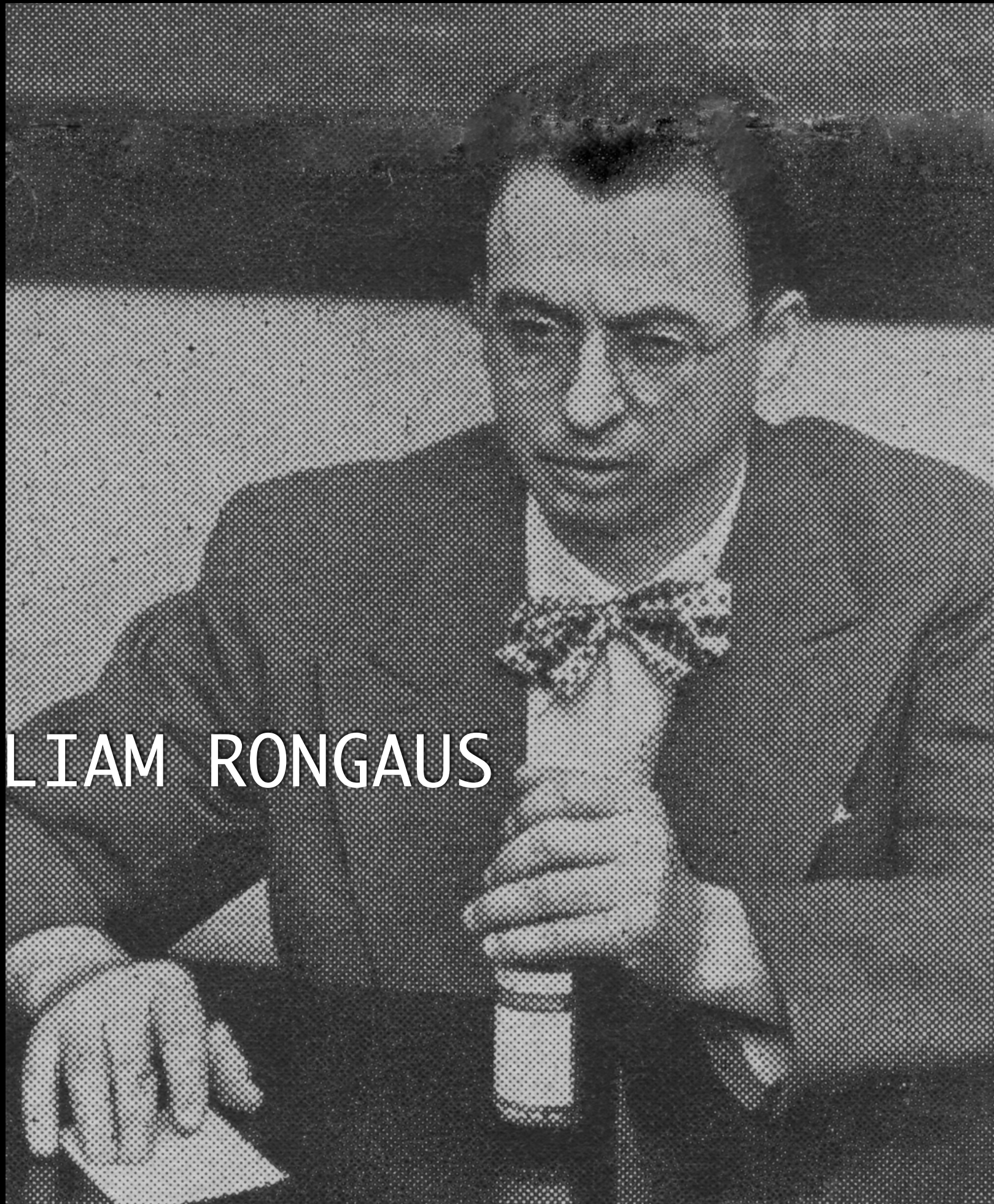
ADMCO'S FOODS

MILL HOSPITAL





DR. WILLIAM RONGAUS



Quotes

- Dr. William Rongaus, Donora Board of Health “Get the hell out of town.”
“...this is simply murder..”
- Dr. Clarence Mills, Kettering Institute, University of Cincinnati
“Fluorine has been suggested as the toxic agent, just as it was in a similar Belgian disaster of 1930...”

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **100240**Primary
Dist. No.**63-06-43**

Registered No.

289**1. PLACE OF DEATH:**

(a) County Washington
(b) Township _____
(c) Borough _____
(d) City Charleroi
(e) Name of hospital
or institution Charleroi-Monessen Hospital
(If not in hospital or inst. write street number or location)
(f) Length of stay:
In hospital or inst. 4dys (g) In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Penn. (b) County West'md
(c) City or town Monessen
(If outside city or town limits, write RURAL)
(d) Street No. 403 Pearl Avenue
(If rural give location)
(e) If citizen of foreign country, name country _____

3. (a) FULL NAME John Malgiero also Marks3. (b) If U. S. Veteran, complete
reverse side of certificate3. (c) Social Security
No. _____

4. Sex M race W 5. Color or _____
6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Mary Malgiero 6. (c) Age of husband or
wife if alive 69 years
7. Birth date of deceased July 2, 1872
(Month) (Day) (Year)
8. AGE: Years 76 Months _____ Days _____
If less than one day
hr. _____ min. _____

9. Birthplace Italy
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

12. Name Salvatore Malgiero
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Christina (Unknown)
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alfred Smarke
(b) Address 403 Pearl St.

17. (a) Burial (b) Date thereof Nov. 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Monessen County West'md State Penn.
Grandview Cem.

18. (a) Signature of funeral director Joseph R. Chock(b) Address Monessen, Pa.19. (a) Nov-5, 1948 (b) Louise L. Britton

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Nov day 2
year 48 hour 2 PM minute _____
21. I hereby certify that I attended the deceased from
Oct 28, 1945 to Nov 2, 1948
that I last saw him alive on Nov 2, 48, 19____
and that death occurred on the date and hour
stated above.

Immediate cause of death

Asthmatic bronchitis

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) (Probably) 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? _____

(Specify type of place)

While at work? _____

23. Signature J. J. Campana (M, D, or other)Address Monessen, Pa. Date signed Nov 4, 48

DURATION

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

Donora PA 1948 Smog Victim

Manuel Rodriguez died on January 29, 1949

Manuel lived in Donora and worked at the Donora Zinc Works at the time of the smog.

He became ill during the smog, with respiratory problems, and never recovered.

He is my Great-grandfather, father of Mary Rodriguez Lewis, who is mother of Wayne Lewis, who is my father.

Manuel and his family migrated from Spain in the early 1910's to Cherryvale KS to work at the Edgar Zinc Co. smelters located in Cherryvale. He and his family moved to Donora to work at the Donora Zinc Works in the 1930's. My Gandfather, Harry Lewis, also worked in the Donora Zinc Works from 1936 until it closed.

Attached is Manuel's photo and a photo of his grave stone located in the Monogahela Cemetery.





Jim
Glaros

Bill
Schempp