

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3318

1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No. _____
 Township Meramec Primary Registration District No. 6032 Registered No. 14
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Rosa Poertner
 (a) Residence, No. _____, Centaur Mo. R. 22, S. _____ Ward, _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|----------------------------------|--|----------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED -HUSBAND OF (OR) WIFE OF <u>Fred Poertner Jr.</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov-10-1897</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>31</u> | <u>2</u> | <u>8</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

St. Louis Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT

(Address)

15. FILED

2/10, 1929

Fred Poertner
Centaur Mo. R. 22

C. F. Barnett
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-18-1929

17. I, HEREBY CERTIFY, That I attended deceased from Oct 1st, 1927, to Jan 18, 1929
 that I last saw her alive on Jan 16, 1929, and that death occurred, on the date stated above, at 3:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Spleen-metastatic carcinoma

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) Russell H. Thompson, M. D.

Jan. 18, 1929 (Address) Hickwood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bethel Cem. Pond. Mo Jan 20 1929

20. UNDERTAKER

ADDRESS

Schroeder and Co Ballwin

K. E.—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.

1929
 26
 96
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