

MAY 27 1936

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

Do not use this space.

16600

1. PLACE OF DEATH

County St CharlesRegistration District No. 757Township St CharlesPrimary Registration District No. 3036City St Charles (No. _____) St. _____ Ward _____

File No. _____

Registered No. 732. FULL NAME John Henry Poertner(a) Residence, No. 623 Lewis St St Charles Mo (Usual place of abode) _____ Ward _____

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Male</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>Elise Schone</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1st 1873</u> | | |
| 7. AGE | YEARS <u>62</u> | MONTHS <u>5</u> |
| | DAYS <u>24</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Charles Mo</u> | | |
| FATHER | 13. NAME <u>Frederick Poertner</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| MOTHER | 15. MAIDEN NAME <u>Elizabeth Tacke</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> | |
| 17. INFORMANT <u>Mrs John H. Poertner</u> (ADDRESS) <u>623 Lewis St St Charles Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cemetery</u> DATE <u>April 26th 1936</u> | | |
| 19. UNDERTAKER <u>H. E. Gallagher & Sons Inc</u> (ADDRESS) <u>St Charles Mo</u> | | |
| 20. FILED <u>4/26</u> 19 <u>36</u> <u>Clarence G. Hessler</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th 193622. I HEREBY CERTIFY, That I attended deceased from April 20 1936, to April 24 1936I last saw him alive on April 21 1936. Death is said to have occurred on the date stated above, at 10:15 P. M.

The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of onset
April 18-36

Other contributory causes of importance:

Ch. nephritis
Arterio Sclerosis
Ch. myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis Physician's Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) B. J. Gossow, M. D.(Address) 200 Clay St. St Charles Mo.

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.

