

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 304 Clay Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 304 Clay Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS. MARYA POERTNER

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1941 hour 3 minute 15 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bernard Poertner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st 1940 to July 20th 1941
that I last saw her alive on July 19th 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Broken Compensation 3 day

Due to Chronic Myocarditis 1941

Due to Arthritis Deformans 40 yrs.

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

10. Usual occupation Housewife

Other conditions Gen. Arterio Sclerosis 20 yrs.
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Fred H. Schenker

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kobenz

15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations none

Of autopsy none

16. (a) Informant The Poertner

(b) Address 304 Clay St.

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

(c) Place: burial or cremation Lutheran Church

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Lutheran Church

(b) Address 326 N 6th St St. Charles MO

19. (a) July 21 1941 (b) Blumenfeld
(Date received local registrar) (Registrar's signature)

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? _____

(Licensed Embalmer's Statement on Reverse Side)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. Perich Schug (M.D. or other) _____

Address St. Charles Mo. Date signed 7/24/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Arthur C. Paul*

Licensed Embalmer No. 3144

P. O. Address St. Charles Mo.

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.