. S. No. 2
M—9-4-41
w. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 649

JAN 21 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 334

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4029 Palm Str. (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: 000 12 710

(a) State Missouri (b) County

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

(d) Street No. 4029 Palm str. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth K. Poertner

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Hehry A. Poertner

6. (c) Age of husband or wife if dead ~~alive~~ 56 years

7. Birth date of deceased March 28th. 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	9	12	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Andrew Sopp
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Katherine Stute
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Katherine E Poertner

(b) Address 4029 A Palm

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13th (Month) (Day) (Year)

(c) Place: burial or cremation Sunsett

18. (a) Signature of funeral director Henry L Weidenmuller

(b) Address 6203 Gravois

19. (a) JAN 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1943 hour 9 minute 10 P M.

21. I hereby certify that I attended the deceased from Sept 11, 1942 to Jan 10, 1943 that I last saw her alive on Jan 10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	8 yrs
Due to 93	
Due to	
Other conditions paralysis agitans (Include pregnancy within 3 months of death)	6 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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) 42

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Eugene L Arnold (M. D. or other) MD

Address 1449 McLaran Date signed 1-11-43

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Klappe

Licensed Embalmer No. 2971

P. O. Address.....

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.