

No. 2
5-43
17-39
X3687

FILED FEB 11 1944 318

State File No.

Registration District No. Primary Registration District No.

1003

Registrar's No. 791 ✓

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6431 Woodbine
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 36 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:-

(a) State..... Missouri (b) County.....
 (c) City or town..... City of St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6431 Woodbine
(If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... LeRoy G. Poertner

3. (b) If veteran, name war..... None 3. (c) Social Security No. 489-07-2952

4. Sex..... Male 5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Lucille Elbreder 6. (c) Age of husband or wife if alive..... 34 years

7. Birth date of deceased..... February 13 1907
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan day..... 23rd
 year..... 1944 hour..... 10:30 minute..... P. M.

21. I hereby certify that I attended the deceased from..... Jan. 22nd
, 1944, to..... Jan 23, 1944,
 that I last saw him alive on..... Jan 23, 1944,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

36	11	11	hr. min.
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Immediate cause of death..... Cerebral hemorrhage Duration

Due to..... Brain abscess in right frontal lobe.

Due to..... Cause of abscess

Other conditions..... not known
(Include pregnancy within 3 months of death)
non-tubercular

Major findings:
 Of operations.....

Of autopsy..... Brain abscess + Hemorrhage

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

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

10. Usual occupation..... Salesman

11. Industry or business.....

MOTHER FATHER { 12. Name..... Henry E. Poertner

{ 13. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... Lucia Patzer

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

16. (a) Informant..... Mrs. Lucille Poertner
 (b) Address..... 6431 Woodbine

17. (a) Burial (b) Date thereof..... 1-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Sunset Burial Park

18. (a) Signature of funeral director..... Southern Funeral Home
 (b) Address..... 6322 So. Grand Blvd.

19. (a) JAN 26 1944 (b) J. F. Brudick
(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?.....

23. Signature..... W. Webster Smith (M. D. or other)
 Address..... Webster & Sons Date signed..... 1-24-44
While at work? (Specify type of place) (c) Means of injury.

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

P. O. Address.....

St. Louis, 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.