No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7202

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 413

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis, Co. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 12 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3708 St. Ann's Lane 0
(If rural, give location)
(e) Citizen of foreign country? ~~(Yes or~~ No) 1
If yes, name country

3. (a) PRINT FULL NAME Lillie Portmann
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Frederick Portmann
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased X June (Month) 27 (Day) 1868 (Year)

8. AGE: Years 75 ~~78~~ Months 8 ~~8~~ Days 0 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name John Niermeyer 4
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Catherine X ~~Niermeyer~~ Ricker
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Arthur Portmann
(b) Address 3708 St. Ann's Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester Ave.
19. (a) 2-26-47 (Date received local registrar) (b) Ruth I. Allen, M.D. (Registrar's signature) BC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1947 hour 6 minute 35 A.M.
21. I hereby certify that I attended the deceased from Feb. 20, 1947, to Feb. 22, 1947
that I last saw her alive on February 22, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death central hemorrhage	
93	
Due to arteriosclerotic cardiovascular disease	
Due to Hypertensive c.v. disease	
Other conditions (Include pregnancy within 3 months of death)	
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)
(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 0
23. Signature Wm. C. Critchlow (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1947

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.....

Licensed Embalmer No. 1284

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.