No. 300
10-48

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10046
Registrar's No. 2686

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

26

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 23 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHRISTIAN HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI.
b. COUNTY: 17
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS.
d. STREET ADDRESS (If rural, give location): 2208 N. 11TH STR.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): EDWARD
c. (Last): FORTNER

4. DATE OF DEATH (Month) (Day) (Year): MCH. 24-1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: JUNE 15TH 1898
9. AGE (In years last birthday): 50-9-15D
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIGHT WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY: PROCTER COUNTER CO.
11. BIRTHPLACE (State or foreign country): PARMA MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DAVID C. FORTNER
13b. MOTHER'S MAIDEN NAME: NANCY-ANN PRUIT
14. NAME OF HUSBAND OR WIFE: DIVORCED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-16-2423.
17. INFORMANT'S SIGNATURE OR NAME: Mae Frances Brandel
ADDRESS: 2208 N. 11th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: 3/4/49
19b. MAJOR FINDINGS OF OPERATION: Cirrhosis of Liver
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — — —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: — —

22. *I hereby certify that I attended the deceased from* Feb 24 *, 1949, to* 3/24 *, 1949, that I last saw the deceased alive on* 3/23 *, 1949, and that death occurred at* 1:30 A.M. *, from the causes and on the date stated above.*

23a. SIGNATURE: Joseph A. Costanzo
(Degree or title): M.D.
23b. ADDRESS: 2407a N. Broadway St. Louis Mo
23c. DATE SIGNED: 3/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MCH 26TH 1949
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.
24d. LOCATION (City, town, or county): ST. LOUIS
(State): MO

DATE REC'D BY LOCAL REG.: MAR 25 1949
REGISTRAR'S SIGNATURE: J. B. Sadater
25. FUNERAL DIRECTOR'S SIGNATURE: Brockland Und. Co.
ADDRESS: 1827 Hogan St.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

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.