

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3450

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **240**

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST Johns</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST Johns</b>	
c. LENGTH OF STAY (In this place) <b>?</b>		d. STREET ADDRESS (If rural, give location) <b>3530 EMINENCE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3530 EMINENCE</b>			

3. NAME OF DECEASED a. (First) <b>ALFRED</b> b. (Middle) <b>C.</b> c. (Last) <b>POERTNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 27 - 1960</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB-22-1868</b>	9. AGE (In years last birthday) <b>63</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CONTRACTOR</b>	10b. KIND OF BUSINESS, OR INDUSTRY <b>BUILDER</b>	11. BIRTHPLACE (State or foreign country) <b>ST LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>GEORGE POERTNER</b>	13b. MOTHER'S MAIDEN NAME <b>DO NOT KNOW</b>	14. NAME OF HUSBAND OR WIFE <b>LORETTO POERTNER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Loretto Poertner</b>	18. ADDRESS <b>3530 EMINENCE</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>			<b>10 yrs</b>
	DUE TO (c) _____			<b>11 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Nephritis</b>			<b>4 yrs</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1<sup>st</sup>, 1946**, to **Jan 27, 1950**, that I last saw the deceased alive on **Jan 27<sup>th</sup>, 1950**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. A. W. ... M.D.</b>	23b. ADDRESS <b>3115 ... Rd</b>	23c. DATE SIGNED <b>1/27/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-31-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LAUREL HILL GARDEN</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JAN 28 1950</b>	REGISTRAR'S SIGNATURE <b>Herbert R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WORTMANN</b>	ADDRESS <b>Funeral Home Overland Mo</b>
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(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.

Student .....  
Student Embalmer

Signed Al C. Ortman

Licensed Embalmer No. 3478

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.