

STANDARD CERTIFICATE OF DEATH

State File No. **25618**

FILED AUG 14 1956

BIRTH NO. _____

REG. DIST. NO. **312**PRIMARY REG. DIST. NO. **500**Registrar's No. **1880**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Meramec Twsp		c. LENGTH OF STAY (In this place) 4 Mos.	c. CITY OR TOWN Rural Meramec		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Hardt Road			e. STREET ADDRESS (If rural, give location) Hardt Road		
3. NAME OF DECEASED a. (First) Emma		b. (Middle) M.	c. (Last) Poertner		4. DATE OF DEATH Aug 5 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 15, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 11 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Franklin Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Michael Laupp		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fred Poertner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Sophie Gaehle, Glencoe, Mo.		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENIIZED ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILE DEMENTIA 4500			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from MAY 22 , 19 56 , to AUG 2 , 19 56 , that I last saw the deceased alive on AUG 2 , 19 56 , and that death occurred at 5:00 P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) James E. Meyer MD		23b. ADDRESS BALLWIN, MO		23c. DATE SIGNED AUG 6 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-8-56	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Pond, Mo.		
DATE REC'D BY LOCAL REG. 8-6-56	REGISTRAR'S SIGNATURE Herbert R. Doublet	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin, Mo.			

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.....
Signature of Student Embalmer

Signed..... *Richard Bopp*

Licensed Embalmer No. *458*

P. O. Address *Ballwin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.