

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32578**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **541** Registrar's No. **2161**

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 CLAYTON		c. LENGTH OF STAY (in this place) DOA	c. CITY OR TOWN LEMAP 4870		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 ST LOUIS COUNTY HOSP			e. STREET ADDRESS (If rural, give location) 121 WEISS AVE		

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) A c. (Last) Poertner			4. DATE OF DEATH (Month) (Day) (Year) 9 11 1956			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-4-1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONFECTIONERY OPER RETIRED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, and State or Foreign Country) HOLLOW MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HENRY POERTNER		13b. MOTHER'S MAIDEN NAME ROSE NITZ		14. NAME OF HUSBAND OR WIFE CLARA POERTNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLARA POERTNER 415 ERBAR DR	

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, ashtenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
---	--	---	--	--	----------------------------------

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 150X	
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?	

22. I hereby certify that I attended the deceased from **7-13**, 19**56**, to **7-21**, 19**56**, that I last saw the deceased alive on **7-21**, 19**56**, and that death occurred at **5:37** a.m., **9-11-56**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph G. Crink MD		23b. ADDRESS 601 S. Brentwood		23c. DATE SIGNED 9-11-56	
24a. BURIAL / CREMATION / REMOVAL (Specify) BURIAL		24b. DATE 9-14-56	24c. NAME OF CEMETERY OR CREMATORY ST LUCAS CEMETERY		24d. LOCATION (City, town, or county) (State) SAPPINGTON MO

DATE REC'D BY LOCAL REG. 9-13-56		REGISTRAR'S SIGNATURE Herbert R. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FENDLER UNOC 7420 MICHIGAN	
---	--	---	--	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10:48

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..... *K G Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Main*

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.