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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33489

Registration District No. 284  
106

Primary Registration District No. 106

Registrar's No. 1731

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Kirkwood  
(c) Name of hospital or institution: 431 Harrison Ave.  
(d) Length of stay: In hospital or institution no  
In this community 14 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(d) Street No. 431 Harrison Avenue  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Henry Wm. Poertner 635  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 1  
year 1939 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Emelie Poertner (Klingler)  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

7. Birth date of deceased March 16, 1878  
(Month) (Day) (Year)  
8. AGE: Years 61 Months 6 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Suicide by hanging 1 day  
Due to Strangulation  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Co., Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation R. R. Crossing Watchman  
11. Industry or business Mo. Pacific Rail Road  
12. Name Henry Poertner  
13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Samping  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Ray Poertner  
(b) Address 431 Harrison Avenue  
17. (a) Burial (b) Date thereof 10/4/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethel Cem., Pond, Mo.  
18. (a) Signature of funeral director Ohio Schrafer  
(b) Address Baltimore, Md.  
19. (a) OCT 3 1939 (b) A. R. Meyer  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence Oct 2, 1939  
(c) Where did injury occur? Kirkwood, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
While at work? no (Specify type of place) (e) Means of injury Hanging  
23. Signature John Stannell (M. D. or other) 4  
Address Coroner of St. Louis County Date signed 10/2/39

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**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

*Geo. Schrader*

Licensed Embalmer No.

*3066*

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 this body is not embalmed, above space should be left blank.**