

Registration District No. 20

Primary Registration District No. 20

Registrar's No. 1734

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Hollow  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether 2)  
In this community 75 yrs  
(years, months or days)

3. (a) PRINT FULL NAME William Poertner Sr.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Emelie Crach Poertner 6. (c) Age of husband or wife if alive          years

7. Birth date of deceased April 30 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 4 10          hr.          min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carhenter

11. Industry or business Own contractor

12. Name William Poertner

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Vogt

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Poertner Jr.

(b) Address Pacific Mo. R.R. #3

17. (a) Burial (b) Date thereof Sept. 3-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home  
(b) Address Ballwin, Mo.

19. (a) SEP 12 1940 (b) W. R. Meyers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Hollow Pacific Mo. R.R. #3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Highway #50  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.          years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10  
year 1940 hour 5:00 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept. 9, 1940, to Sept. 10, 1940  
that I last saw him alive on Sept. 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion  
Due to: Chronic myocarditis  
Due to: arteriosclerosis and senile changes  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: 93C  
Of operations           
Of autopsy           
PHYSICIAN           
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)           
(b) Date of occurrence           
(c) Where did injury occur?          (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?         

(e) While at work?          (Specify type of place)  
(f) Means of injury           
23. Signature B. R. Loving (M. D. or other) 1 mo.  
Address Ballwin, Mo. Date signed 9/12/40

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

FILED OCT 10 1940

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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 *Theo Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Dallwin, 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.**