S. No. 2
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5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14721

Registration District No. 310 | Primary Registration District No. 3058 | Registrar's No. 59

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

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 623 Lewis Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles
(c) City or town: St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No.: 623 Lewis Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Elise Margaret Poertner
3. (b) If veteran, name war: NIL
3. (c) Social Security No.: NIL
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John Henry Poertner, deceased
6. (c) Age of husband or wife if ____ years
7. Birth date of deceased: March (Month) 24 (Day) 1875 (Year)

8. AGE: Years 71 | Months 11 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Charles (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: own home

FATHER
12. Name: George Schone
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Boenker
15. Birthplace: St. Charles County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Myrtle Heinsz
(b) Address: 621 Lewis St-St.Charles, Mo.
17. (a) burial (Burial, cremation, removal) (b) Date thereof: March (Month) ____ (Day) ____ (Year)
(c) Place: burial or cremation: Immanuel Lutheran Cem St. Charles, Mo.
18. (a) Signature of funeral director: H.C. Dallmeyer & Sons Co
(b) Address: 800 N. 2nd-St.Charles, Mo.
19. (a) April 8-47 (Date received local registrar) (b) Fannie Hamelin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1947 hour 3:25 minute P. M.
21. I hereby certify that I attended the deceased from Jan 10, 1946 to Mch 18, 1947; that I last saw it alive on Mch 18, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Jos J Linker (M. D. or other)
Address: 1306 Schoen Mo Date signed 3-30-47

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-21-47

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 Joseph I Landsett

Licensed Embalmer No. 4189

P. O. Address St Louis

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.