

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15049

State File No. _____

FILED APR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 306 Registrar's No. 1007

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>	c. LENGTH OF STAY (in this place) <u>4 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>	<u>4673</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1047 Curran Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>1047 Curran Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>MATHILDA</u>	a. (First) _____	b. (Middle) <u>S.</u>	c. (Last) <u>POERTNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 12 1952</u>
--	------------------	-----------------------	---------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 15, 1886</u>	9. AGE (in years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Henry Oermann</u>	13b. MOTHER'S MAIDEN NAME <u>Minna Saurhagen</u>	14. NAME OF HUSBAND OR WIFE <u>Victor F. Poertner</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Victor F. Poertner</u>	ADDRESS <u>1047 Curran Ave.</u>
--	--	---	---------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>1 yr.</u> <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4001</u>			

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) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 7/9, 1951, to 4/12, 1952, that I last saw the deceased alive on 4/12, 1952, and that death occurred at 11:45^A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Stoelzle</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1047 N. Adams, Kirkwood</u>	23c. DATE SIGNED <u>4/14/52</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>	24b. DATE <u>Apr. 16, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Martin Evangelical</u>	24d. LOCATION (City, town, or county), _____ (State) _____
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-18-52</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donnell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway Bl.</u>
---	---	--	---

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

003

1

10-300
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
Student Embalmer

Signed Richard H. Stovesan

Licensed Embalmer No. 4007

P. O. Address _____

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.