FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38484

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2314

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton 0 — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Pacific, Mo. RR # 1 4000 0 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County — Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) Fox Creek Road — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Milbert Middle Last Poertner

4. DATE OF DEATH Month 9 Day 17 Year 57

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 0

8. DATE OF BIRTH 10/20/1904

9. AGE (In years last birthday) 52 — 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Fathers farm

11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Emil Poertner

14. MOTHER'S MAIDEN NAME Alvina Alt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ——

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Emil Poertner, Pacific, Mo. RR # 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ——

DUE TO (c) 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Idiopathic Epilepsy (Grand Mal) 2

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-15-57, to 9-17-57 and last saw her/him alive on 9-17-57

Death occurred at 11:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert W Blalock md 0

22b. ADDRESS 601 So. Brentwood

22c. DATE SIGNED 9-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9/20/57

23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery,

23d. LOCATION (City, town, or county) (State) Pond, Mo.

24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home, Ballwin, Mo.

25. DATE RECD. BY LOCAL REG. 9-19-57

26. REGISTRAR'S SIGNATURE Herbert B. Dowke MD

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare S. Public th Service

S. 300 v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 45

P. O. Address Ballwin,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.