MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 10399

Registered No. 29984

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 5162 Maple St. ..... Ward)

2. FULL NAME Clara J Borkmeyer

(a) Residence. No. 5162 Maple St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED~~ (write the word)
Female	White	Widow

5A. ~~If MARRIED, WIDOWED, or DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Edward C Borkmeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	—	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John C Benseler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hanover
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Sophia Birkenkemper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) U.S.A.
(STATE OR COUNTRY) St Louis Mo

14. INFORMANT Mrs Sophia Benseler
(Address) 5162 Maple

15. FILED MAR 28 1927, 19 ..... Marie Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Jany 10, 1927, to Mch 25, 1927, that I last saw her alive on Mch 15, 1927, and that death occurred, on the date stated above, at 10 05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92 F.
1. 3C Myocarditis Chronic
2.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Mitral Regurgitation
from Jany 1927 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Consultation

(Signed) A W Marquardt, M. D.

19 (Address) 977 Arsenal Bty

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine — DATE OF BURIAL Mch 29 1927

20. UNDERTAKER Benseler-Nichans — ADDRESS 1138 N. 6

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD