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

Do not use this space.

29050

File No. 8635

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. , St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Hy Borchers.

(a) Residence. No. 3619a Cass. Av. St., 11 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Bertha Borchers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 6 1857

7. AGE: Years 70 | Months 8 | Days 21 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

PARENTS

10. NAME OF FATHER: Conrad. Borchers

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

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: Bertha Borchers.
(Address) 3619a Cass. Av

15. FILED SEP 27 1927 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1927, to Sept 27, 1927 that I last saw him alive on Sept 27, 1927, and that death occurred, on the date stated above, at 12 N m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage.
32A
77
102
7401
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Hypertension - Arterial Sclerosis (duration) 1 yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Geo. A. Mellies, M. D
Sept 27 1927 (Address) 2917 St Louis Av

*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: Bethany

DATE OF BURIAL: Sept 30 1927

20. UNDERTAKER: Wm F. Paschedag

ADDRESS: 2825 No Grand Bl

PERMANENT RECORD

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.