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

Do not use this space.

38339

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11004

City St. Louis (No. City Hospital ..... St. ..... Ward)

2. FULL NAME 1188 John Borgstrom

(a) Residence. No. 8122 S Broadway St. 1 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: Sophie Thiem Borgstrom

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 26. 1860

7. AGE: Years 67 | Months 10 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Valies-Spies Flour Mill
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carlstadt
(STATE OR COUNTRY) Sweden

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT: Hospital Information
(Address) City Hospital

15. FILED DEC -9 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1927, to Dec 8, 1927, that I last saw him alive on Dec 8, 1927, and that death occurred, on the date stated above, at 2 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the floor of the mouth (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) (2) Lobar Pneumonia (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

12/8 (Signed) Reuben M. Smith M.D.
12/8, 1927 (Address) City Hospital

*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: S S Peter Paul | DATE OF BURIAL: 12/10 1927

20. UNDERTAKER: C Hoffmeister U & L Co | ADDRESS: 7814 So Bdwy

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.

Dangerous