

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

Do not use this space.

20350

1. PLACE OF DEATH

County Wayne
Towship Windsor
City Waynesburg (No. 991)

Registration District No. 5419
Primary Registration District No. 5419

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wife of Henry Borrenpohl

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/15/1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 - 16 -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Drake
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Orest Kahl

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

12. MAIDEN NAME OF MOTHER Margaret Adelt Schonebaum

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

14. INFORMANT A. Borrenpohl
(Address) R 2 Owensville Mo

15. FILED 6/5/28 REGISTRAR J. C. Price

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-1 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-20, 1928, to 6-1, 1928, that I last saw him alive on 6-1, 1928, and that death occurred, on the date stated above, at 3-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92 B
Endocarditis
90 W
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Edw Mellies, M. D.
6-2, 1928 (Address) Owensville Mo

*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 DATE OF BURIAL

St John Cemetery Owensville 6-3-1928
20. UNDERTAKER W.F. Gettenstroeter ADDRESS Owensville

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.

