APR 30 1930

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

Do not use this space.
10152

1. PLACE OF DEATH
County: St Louis County
Township: Carondelet
City: (No. 9101 So Broadway St. Ward)
Registration District No. 1123
Primary Registration District No. 8243 E
File No.
Registered No. 77

2. FULL NAME Mrs Alma Hachting
(a) Residence. No. 9131 No Second St., Ward. Webster Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Antone Hachting

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 1885

7. AGE: Years 44 | Months 8 | Days 13 | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): St Charles Mo

PARENTS
10. NAME OF FATHER: Dave Borgmeyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo
12. MAIDEN NAME OF MOTHER: Mary Dechert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo

14. INFORMANT: Elmer Borgmeyer
(Address): St Charles Mo

15. FILED 3/17, 1930 L. C. Obrod REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-13 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-3, 1929, to 3-13, 1930 that I last saw her alive on 3-13, 1930 and that death occurred, on the date stated above, at 1130 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Pul Tuberculosis
72H
119H (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pyopneumothorax (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-22-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Charles Ehlers, M. D.
, 19 (Address) 9101 So Broadway

*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: St Peters Cem. St Louis Mo | DATE OF BURIAL: Mar 17 1930
20. UNDERTAKER: H Kallmeyer & Sons Co | ADDRESS: St Louis Mo

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.