

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.

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

Do not use this space.

17770

1. PLACE OF DEATH

County Registration District No. 791
 Township St Louis Primary Registration District No. 10053
 City St Louis (No. 1466 E Waine Ave) St. Ward

File No.
 Registered No. 4724
 St. Ward

2. FULL NAME

(a) Residence, No. St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Stenterman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2 - 1851</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>3</u>	DAYS <u>11</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Missouri</u>		
FATHER	13. NAME <u>Barney Borgelt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>David Stenterman</u> <u>1466 E Waine Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> <u>May 16, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Arthur J. Donnelly, Inc.</u> <u>3846 Franklin Blvd</u>		
20. FILED <u>MAY 14 1932</u> <u>Max Standiford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932, to May 13, 1932
 I last saw h. fr. alive on May 13, 1932. Death is said to have occurred on the date stated above, at 4:17 P.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial heart disease (Myocarditis) Date of onset ?
Arteriosclerosis (Chronic) ?
9:30
97
162
 Other contributory causes of importance:
Senility ?

Name of operation None Date of none
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury March, 19...
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury none
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) O. S. Jones, M. D.
 (Address) 3624 S. Broadway

Dr. D. J. [unclear]
5535 8 [unclear]

9-10 am