

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

Do not use this space.

10976

1. PLACE OF DEATH

96 County St. Louis Registration District No. 289
 Township Central Primary Registration District No. 6033B
 City Webster (No. 6314 Ridge Ave St. _____ Ward _____)

2. FULL NAME

Theresa Borgschulte
 (a) Residence, No. 6314 Ridge Ave Ward _____ (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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1859
 7. AGE YEARS 73 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 13 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Conrad Ernest
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT al. Borgschulte (ADDRESS) 6314 Ridge Ave
 18. BURIAL, CREMATION, OR REMOVAL Portage Cemetery, Mo. DATE Mar. 15, 1933
 19. UNDERTAKER Jos. W. Clark (ADDRESS) 1125 No. Main St.
 20. FILED 3/13/33 1933 Irma Gray, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

13 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933 to March 12, 1933
 I last saw her alive on March 11, 1933 Death is said to have occurred on the date stated above, at 12:20 AM.
 The principal cause of death and related causes of importance were as follows:

Chronic Colitis
 Chronic Interstitial Nephritis
 Macemia
 Date of onset Oct 1932
 Other contributory causes of importance
2 yrs
3 days

Names of operation none Date of _____
 What test confirmed diagnosis: Biopsy 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 _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Irma Gray, M. D.
 (Address) Century Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A 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.

APR 28 1933

SPACE RESERVED FOR BIRTH

Dr. Jos. David
Century Bldg.
1506 Hudsonmont
Ga 1276-37349.
2 to 5 P.M.