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.

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

Do not use this space.

18279

File No.

Registered No. 4501

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. [illegible]

City St Louis (No. 13 [illegible] & Pestalozzi St. ..... Ward)

2. FULL NAME Henry Borchardt

(a) Residence, No. 2631 McNair St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Laura Borchardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 3 1887

7. AGE: YEARS 46 | MONTHS 4 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City water Dept

9. Industry or business in which work was done, as silk mill saw mill, bank, etc.: Meter Inspector

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): St Louis Mo.

FATHER

13. NAME: Henry Borchardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Fredericka Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Laura Borchardt 2631 McNair

18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Paul Chyard DATE 5-24 1933

19. UNDERTAKER (ADDRESS): Witt Bros. L & U Co 2929 S. Jefferson Av.

20. FILED [illegible] 1933 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to May 21, 1933

I last saw him alive on May 19, 1933 Death is said to have occurred on the date stated above, at 12:00 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis 93C	1 yr
93C	

Other contributory causes of importance:

Chronic Articular Rheumatism	5 mos.

Name of operation — Date of —

What test confirmed diagnosis Clin Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — 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) J. P. Kirn, M. D.

(Address) 2730 McNAIR AVE