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.

MAY 18 1936

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

Do not use this space.

14242

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 645

City St. Joseph, (No. 832 So. 18th. St. St. Ward)

2. FULL NAME Amelia Borchardt

(a) Residence, No. 832 So. 18th. St. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 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: Carl Borchardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 8, 1836

7. AGE: YEARS 99 — MONTHS 6 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

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): Pomeriania, Germany.

FATHER

13. NAME: John Wille

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Chas. Borchardt 1304 So. 17th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE May, 2, 1936, 19

19. UNDERTAKER (ADDRESS): Walter Mainroffer 1302 Faraon St. St. Joseph, Mo.

20. FILED May 2, 1936 H. J. Nestlebush JC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 30, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936, to April 30, 1936

I last saw her alive on April 30, 19 Death is said to have occurred on the date stated above, at 6.30 m. P.M.

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

	Date of onset
Chronic Myocardial Insufficiency	unknown
Other contributory causes of importance:	
arteriosclerosis general	unknown

Name of operation: none Date of: ✓

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? ✓ 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) Gustav A. Lau, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo.