

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.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **4137 N. Newstead Ave.**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **3784**  
 Registered No. **820**

**2. FULL NAME**

**Anna Maria Borchert**  
 (a) Residence, No. **4137 N. Newstead Ave.** Ward. **10**  
 (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** **Fredrick Borchert**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **Aug. 18th, 1868**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**68 5 0**

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** 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)** **Germany**

**13. NAME** **Jacob LeGrand**

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

**15. MAIDEN NAME** **Amelia Von Berg**

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

**17. INFORMANT (ADDRESS)** **Claire Borchert 4137 N. Newstead Ave.**

**18. BURIAL, CREMATION, OR REMOVAL PLACE** **Bellefontaine Cem. Jan. 27, 1937**

**19. UNDERTAKER (ADDRESS)** **Drehimann Ward 1905 Union Blvd.**

**20. FILED** 19 **1937** **J. A. Bredeck** Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **Jan. 18th 1937**

**22. I HEREBY CERTIFY, That I attended deceased from** **Jan. 29, 1936, to Jan. 8, 1937**  
**First saw her alive on** **Jan. 7, 1937** **Death is said to have occurred on the date stated above, at** **6 A. m.**  
**The principal cause of death and related causes of importance were as follows:**

**Chronic Mitral Insufficiency** **about 1926**  
**Grip** **1/7/37**  
**Other contributory causes of importance:**

**Name of operation**..... **Date of**.....  
**What test confirmed diagnosis?**..... **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?** **N.C.**  
**If so, specify**.....  
**(Signed)** **W. Chopin** **M. D.**  
**(Address)** **18321 S. B. Hwy.**

83217. Holway

MAY 23 1947

AUG 30 1947