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.

899

MAR 5 - 1937

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 File No. 8009

Township ..... Primary Registration District No. 1003 Registered No. 1434

City ..... (No. 2533 W. Hebert Str St. ..... Ward)

2. FULL NAME Anna M. Borgmann

(a) Residence, No. 2533 W. Hebert Str St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 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: Henry Borgmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/23/1854

7. AGE: YEARS 82 | MONTHS 11 | DAYS 7 | 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. 26
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 10

FATHER

13. NAME: Casper Ortwerth. 10
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 31

MOTHER

15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Katherine Borgmann, 2533 W. Hebert Str

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvery DATE 2/2/37 19

19. UNDERTAKER (ADDRESS): W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILED FEB 1 - 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1936, to Jan 30, 1937

I last saw her alive on Jan 30, 1937. Death is said to have occurred on the date stated above, at 8 05 p m.

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

	Date of onset
Senility	
Chronic Myocarditis	

Other contributory causes of importance: Hepatitis chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? 124 B 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) Jos J Kessler, M. D.

(Address) 3504 N 14th St.

Dr. J. J. Kassin 10-11

3504 N 16 Cent 9794 - 2-4-7-8

Rec 4641 Penrose, Calif 5847