

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3477

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5336 Murdoch Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5336 Murdoch Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from
Dec. 1, 1936 to Apr. 10 1940
that I last saw her alive on April 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Due to Chronic Myocarditis 2 VI

Due to Chronic Nephritis 3 VI

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature A. W. Peters (M. D. or other) MD
Address 4145a S. Grand Date signed 4/16/40

3. (a) PRINT FULL NAME Elizabeth Borchardt 626

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm. Borchardt 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased February 2 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 14 hr. _____ min.

9. Birthplace LeSeur County Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

12. Name Michael Ferch

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Newton W. Borchardt
(b) Address 5336 Murdoch

17. (a) Removal (b) Date thereof Apr. 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LeVans Iowa

18. (a) Signature of funeral director Schumacher and Co.
(b) Address 3013 Meramec

19. (a) APR 17 1940 (b) J. F. Borchardt
(Date received local registrar) (Registrar's Signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8.
C. F. H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Clarence Pachow

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clarence Pachow

Licensed Embalmer No. *3093*

P. O. Address *3013 Meramec*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.