

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
301 Rand St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 in this community 2 hours
 years, months or days)

3. (a) PRINT FULL NAME Unnamed Borgmeyer 625
 3. (b) If veteran, name war --- 3. (c) Social Security No. ---
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased June 14 1940
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	2 hr. 1 min.

9. Birthplace Washington Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Infant

11. Industry or business _____
 12. Name Anton F. Borgmeyer
 13. Birthplace Westphalia Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Hilda Thater
 15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anton F. Borgmeyer
 (b) Address 301 Rand St., Washington Mo.
 17. (a) Burial (b) Date thereof 6-14-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington, Mo.
 18. (a) Signature of funeral director Otto & Henry W. Otto
 (b) Address Washington, Mo.
 19. (a) June 14 1940 (b) H. S. May
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Washington
 (If outside city or town limits, write "RURAL")
 (d) Street No. 301 Rand Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6/14/40 day _____ year _____ hour 9:45 minute AM M.
 21. I hereby certify that I attended the deceased from 8:30 AM
6/14/40 to 9:45 AM 6/14/40, 19____;
 that I last saw h. LA alive on 6/14/40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Six months gestation
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 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?
270
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature OT Post (M. D. or other) MS
 Address Washington, Mo. Date signed 6/14/40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.