

Registration District No. 791

Primary Registration District No. 1003

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? Lutheran Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Fred. W. Borstell.

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marie Borstell 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased. March 28 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Brewer

11. Industry or business \_\_\_\_\_

12. Name Unknown Borstell

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

14. Maiden name Alving Hartmann  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Freda Borstell

(b) Address 1930 Wyoming St.

17. (a) Burial (b) Date thereof 1-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem  
with Bro. & Nls

18. (a) Signature of funeral director J. M. Bredeck  
(b) Address 2929 S. Jefferson Av

19. (a) DEC 31 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1930 Wyoming St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29  
year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 12/27/38, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 1/2/

Due to Chronic Interstitial nephritis

Other condition (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Chas. H. Haverstick (M. D. or D. O.)  
Address 3157 1/2 Park Av Date signed 1/30/40

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

MOTHER FATHER

**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.....

*Paul A. Shanklin*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Edgar F. Smith*

.....  
Licensed Embalmer No. *2147*

P. O. Address

*2929 S. Jeffers*

**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, fact should be so stated above.**