

FILED JUL 28 1942 91

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6150

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4030A St. Louis Ave / /
(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 Anna Marie Borghoff

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 Married
7. Birth date of deceased August 25th, 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Oakawville, Ill. / (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name August L. Wolf
13. Birthplace Germany / (City, town, or county) (State or foreign country)
14. Maiden name Louise Deppe
15. Birthplace Germany / (City, town, or county) (State or foreign country)

16. (a) Informant Robert Borghoff
(b) Address 4030A St. Louis Ave.

17. (a) Burial (b) Date thereof 7/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc
(b) Address 3402 N. Kingshighway

19. (a) JUL 21 1942 (b) J. F. Bredich
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis / (If outside city or town limits, write "RURAL")
(d) Street No. 4030A St. Louis Ave. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1942 hour 4.30 minute..... A. M.

21. Whereby certify that I attended the deceased from Mon 17 1942 to July 20 1942
that I last saw her..... alive on July 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 2 days

Due to Chronic myocarditis
Chronic endo, ex arteria / myel

Due to insufficiency
Arteria A. Coronaria

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?

(Specify type of place) While at work:..... Means of injury.....
23. Signature H. G. Brenning M. D. or other.....
Address 4528 Harris St. Date signed 7/20/42

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

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..... *Ray W. Wilkins*.....
Licensed Embalmer No..... *3575*.....

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, fact should be so stated above.