S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 28112

Registrar's No. 1736

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6825 Natural Bridge
Sisters Of Saint Francis
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage 76
(c) City or town Koeltztown, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mary Adrian
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White 1
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Herman Adrian
6. (c) Age of husband or wife if alive years Deceased
7. Birth date of deceased January (Month) 26th (Day), 1864 (Year)

8. AGE: Years 78 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Westphalia (City, town, or county), Missouri (State or foreign country) 0
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Steve Borgmeyer
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Mary Schwartz
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant B. H. Melies
(b) Address Koeltztown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Koeltztown, Mo.
18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.
19. (a) AUG 19 1942 (Date received local registrar) (b) C. S. McGarrah MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 15th year 1942 hour 10 45 minute A M.
21. I hereby certify that I attended the deceased from 2/20 1941 to 8/15 1942 that I last saw her alive on 8/10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chr. Arthritis deformans involving all large and small joints-for years.
~~Due to~~ Bed fast and helpless.
Chr. Int. Nephritis. Senile Dementia.
~~Due to~~ History - several yrs.
Secondary: Uremia and Urema Coma - 4 mos.
Other conditions Died in Home of the Incurables.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

1310

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 [signature] (M. D. or other)
Address DR LUKE B. TIERNON 3718 JENNINGS ROAD ST. LOUIS, MO. Date signed

(Licensed Embalmer's Statement on Reverse Side)

DR. LUKE B. TIERNON
3718 JENNINGS ROAD
ST. LOUIS, MO.

8951-3

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Signed Vernon Morton

Licensed Embalmer No. 4425

P. O. Address Linn, Mo

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.