

FILED NOV 6 1942

Primary Registration District No. 200

Registrar's No. 2114

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Berkley City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Helen Ave. At Airport Rd. Berkley City
(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 St. Louis
(c) City or town Berkley City
(If outside city or town limits, write "RURAL")
(d) Street No. Helen at Airport Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Eilaine Borgman

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 9m, 1942
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Richard W. Borgman

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Adele Boelhauf

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard W. Borgman

(b) Address Helen Ave. Berkley City, Mo.

17. (a) Burial (b) Date thereof 10/12/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem.

18. (a) Signature of funeral director L. M. White

(b) Address 118 N. Florissant, Ferguson

19. (a) OCT 12 1942 (b) P. G. McFarland
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1942 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10-9- 1942 to 10-10- 1942
that I last saw him alive on 10-7- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth
Due to Detached Placenta

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? None

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Roy Johnson (M. D. or other) MD
Address Ferguson Mo. Date signed 10/12/42

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

MOTHER FATHER

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

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, fact should be so stated above.