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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22804

State File No. \_\_\_\_\_

6450

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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

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: FIRMIN DESLORE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WKS.  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME WILLIAM BORDEWISCH

3. (b) If veteran, name war No

3. (c) Social Security No. 1330-18-9553

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 30 1881  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation BRICK MASON

11. Industry or business CONTRACTING

12. Name HENRY BORDEWISCH

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

14. Maiden name CHARLOTTE KOENIG

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

16. (a) Informant Mrs. Lizzie Jemine

(b) Address Okawville Illinois

17. (a) Removal St. Peter's Cem. Okawville, Ill.  
(Burial, cremation, or removal)

(b) Date thereof July 16 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Det. Buchmiller

(b) Address Okawville Illinois

19. (a) JUL 16 1943 (b) J. Bedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County WASHINGTON

(c) City or town OKAWVILLE  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) R.R.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 15  
Year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 13 1943 to July 15 1943  
that I last saw him alive on July 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bacterial Hemorrhage of Brain

Duration 7 days

Due to Infective arteritis 1 yr?

Due to lues ?

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Ralph Husella (M. D. or other) \_\_\_\_\_

Address 3720 Washington Date signed 7/16/43

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

*John Fetter*

Licensed Embalmer No. 3880

P. O. Address St Louis Mo 1

**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.**