

S. No. 2
M-2-43
5-17-39
I X39697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36156
10432

State File No.

Registrar's No.

FILED DEC 9 1943

Registration District No. **318**

Primary Registration District No. **1003**

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:
enroute, City Hospital, #1
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 62 Yrs. 2 Mons. 28 Days.
years, months or days)

3. (a) PRINT FULL NAME Johanna Borgading

3. (b) If veteran, name war no 3. (c) Social Security No. 498-03-5278

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hugo Borgading 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 28 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Hummel
13. Birthplace Unknown Penn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Centry Hubar
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Hummell
(b) Address 2606a Blair Ave.

17. (a) Burial (b) Date thereof 11-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Edward F. Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) NOV 29 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town St. Louis, Mo. 26
(If outside city or town limits, write "RURAL") 648
(d) Street No. 2604 Blair Ave. 17
(If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1943 hour 745 minute AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to Diabetes

Due to _____

Other conditions (Include pregnancy within 3 months of death) 6/

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 11-27-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

NOV 29 1943

(Licensed Embalmer's Statement on Reverse Side)

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 *Marie A. Cashion*
Licensed Embalmer No. *3949*
P. O. Address *St. Louis 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.