

FILED SEP 7 1944
Registration District No. **87**

Primary Registration District No. **5304A**

Registrar's No. **6**

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town St. Thomas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Thomas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days)

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

3. (a) PRINT FULL NAME John G. Borgmeyer
(b) If veteran, name war no
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 7th
year 1944 hour 14 minute 4 M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lucy
(c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug. 8 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1943 to Aug 7 1944
that I last saw him alive on Aug 5 1944
and that death occurred on the date and hour stated above.

8. AGE:
Years 70 Months 0 Days 3
If less than one day hr. min.

Immediate cause of death Pulmonary Tuberculosis, Arterial Sclerosis, Chronic Myocarditis
Due to _____
Duration _____

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

Due to _____
Other conditions (Include pregnancy within 3 months of death) 136!

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name Henry Borgmeyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Hake
15. Birthplace Unk
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John G. Borgmeyer
(b) Address St. Thomas, Mo.

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? _____

17. (a) Burial (b) Date thereof 8/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Thomas, Mo. Cem

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

18. (c) Signature of funeral director Victor Brecher
(b) Address Jefferson City, Mo.
19. (a) 8/10/44 (b) Dr. Henry C. Cooper
(Date received local registrar) (Physician's Signature)

23. Signature Thos. H. Searcy (M. D. or other)
Address Meta, Ind Date signed 9/9/44

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RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 9-5-44

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 Victor Buncher

Licensed Embalmer No. 3701

P.O. Address Jefferson City, 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.