

FILED FEB 2 1945

Registration District No. 3109

Primary Registration District No. 3052

Registrar's No. 13

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
330 Monroe st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community Lifetime / (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELMER - F - BORGMAYER

3. (b) If veteran, name war World War #1 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Helen (Simebucht) Borgmeyer 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 22 1895
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 18 If less than one day hr. min.

9. Birthplace St. Charles, Mo. U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Agent

11. Industry or business _____

12. Name David J Borgmeyer

13. Birthplace St. Charles, Mo. U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mattheus

15. Birthplace St. Charles, Mo. U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Borgmeyer

(b) Address South 4th & Monroe, St. Charles, Mo.

17. (a) Burial (b) Date thereof Jan 13-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 1-12-1945 (b) Edw. C. Paul
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles 72
(If outside city or town limits, write "RURAL")
(d) Street No. 330 Monroe st 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1945 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov 10 1944 to Jan 10 1945
that I last saw him alive on Jan 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary Heart Disease 6 yrs.

Due to _____
Other conditions Psycho-Neurosis 5 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy aga

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 Jurgenkin (M. D. or other) _____
Address _____ Date signed Jan 12, 1945

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

1340

(Licensed Embalmer's Statement on Reverse Side)

W. C. Paul

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

92

MAR - 8 1945

OCT - 8 1945

FEB 8 1945

MAR 27 1945

RECEIVED
District Health Officer No. 9
District File Number _____
Date Filed 2-1-45

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 B. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles 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.