

S. No. 2
M-8-43
5-17-39
X37823

BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 11 1946
Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 249

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 2 mos. 7 das.
In this community 3 yrs. 2 mos. 17 das.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GUSTAVE H BORCHERT.

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2,
year 1945 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from August 25, 1942, 1942 to Dec. 2, 1945, 1945
that I last saw him alive on Dec. 2, 1945, 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 22 - 1874
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis - Generalized and Marked Duration 3 yrs

Due to

8. AGE: Years 71 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Egypt Mills Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Due to Pancreas with Corneal Arteriosclerosis

Other conditions 3 yrs
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name August Borchert

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

14. Maiden name Melina Borchert

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

16. (a) Informant Albert Borchert

(b) Address Cape Girardeau Mo.

17. (a) Buried (b) Date thereof 12-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Joe S. Hawes

(b) Address Cape Girardeau Mo.

19. (a) 12-12-45 (b) Etter Breda
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations

Of autopsy No autopsy.

Underline the cause to which death should be charged statistically.

RECEIVED

Sanitary Health Officer No. 4
District File Number 146-1546
Date Filed 1-9-46

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.