

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

**FILED** APR 6 1946

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Washington mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin  
(c) City or town Union  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward W. Borgmann

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lydia Borgmann 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug 11 1883  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>62</u> | <u>7</u> | <u>4</u> | hr. _____ min. _____ |

9. Birthplace Beaufort mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name H. Borgmann 4  
(City, town, or county) (State or foreign country)

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

14. Maiden name Martha Bollabach  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Lydia Borgmann  
(b) Address Union mo

17. (a) Burial (b) Date thereof Mar 18 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape M. C. Cemt  
(c) Signature of funeral director E. H. Lemme  
(b) Address Beaufort mo

19. (a) 3/16/46 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1946 hour 8 minute 0 M.  
21. I hereby certify that I attended the deceased from Feb 11 1946 to March 15 1946  
that I last saw him alive on March 15 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma Kidney  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 520

Major findings: Nephrectomy, large tumor of kidney  
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? \_\_\_\_\_

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

23. Signature L. Lemme (M. D. or other) MD  
Address Washington mo Date signed 3/16/46

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

6  
26  
2

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 4-5-46

MAR 2 1946

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 E. H. Jenne, Registered Apprentice No. ....  
working under my personal supervision.

Signed E. H. Jenne  
Licensed Embalmer No. 3076

P. O. Address.....

**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.**