. S. No. 2
BM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 3/7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 33274

Registrar's No. 1934

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mt. St. Rose Sanitorium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren 109
(c) City or town Dutzow (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 Mary Isabel Borgerding
3. (b) If veteran, name war None
3. (c) Social Security No. 500-24-9047
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 28 (Day) 1915 (Year)

8. AGE: Years 32 Months 3 Days 14 If less than one day hr. min.
9. Birthplace Rhineland (City, town, or county) Texas (State or foreign country)
10. Usual occupation Retired School teacher
11. Industry or business

FATHER
12. Name Joseph Borgerding
13. Birthplace Dutzow (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emma Hopen
15. Birthplace St. Thomas (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James F. Borgerding
(b) Address Marthasville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Dutzow, Missouri.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 9-15-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1947 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from 7-2-47 19..., to 9-12-47, 19...; that I last saw her alive on 9-11-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Pulm Tub. — Duration 6 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature Wilson C. Hammond (M. D. or other)
Address 607 N. Grand Date signed 9/12/47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

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.