S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39457

Registrar's No. 10345

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Days (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4500 Washington
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Kate Bornscheuer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife John

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

7. Birth date of deceased Nov. (Month) 11 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	11	26	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name Wm. Rixmann

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER

14. Maiden name Elsie Lepfort

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Emil Rake

(b) Address 938 A. Wilmington

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Schumacher Und. Co.

(b) Address 3013 Meramec

19. (a) NOV 10 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1947 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from October 13, 1947 to November 7, 1947
that I last saw her alive on November 7, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	3 weeks
Due to: Myocardial Infarction	
Due to: Arteriosclerotic Heart Disease	
Due to: Generalized arteriosclerosis	
Other conditions: (1) Bronchopneumonia (Include pregnancy within 3 months of death) (2) Hypertension (3) Pleural Effusion (4) Pulmonary Infarction	
Major finding Of operations	
Of autopsy Confirmed above diagnosis and in addition revealed a mural thrombus.	

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 David M. Skilling Jr. (M. D. or other) M.D.

Address 4500 Olive Street Date signed 11-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Na David Greening
4500 Ohio
FO. 3800

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 Francis Williamson

Licensed Embalmer No. 3565

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.