

No. 2
12-45
5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9864

FILED APR 14 1948

Registration District No. 310

Primary Registration District No. 6051

Registrar's No. 57

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
R.R. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life time (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME William Borgmeyer

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Male 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 November 1 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>67</u>	<u>4</u>	<u>25</u>	hr. _____ min.
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9. Birthplace St. Charles County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farm hand

11. Industry or business Farming

12. Name Henry Borgmeyer

13. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Christine Billing

15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Borgmeyer

(b) Address 412 S. 2nd-St. Charles, Mo.

17. (a) burial (b) Date thereof Mar 29-1948
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cemetery, St. Charles, Mo.

18. (a) Signature of funeral director H. L. Dallmeyer

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 3/29/48 (b) Francis Haunert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town "Rural" St. Charles Twsp
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 1 92
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1948 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from March 22
19 48, to March 26 19 48
that I last saw h. alive on March 22 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion 30 min

Due to coronary artery disease + thrombosis 10 years

Due to _____

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

Major findings: Of operations 940

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. J. Fauch M.D. (M. D. or other) 0
Address St. Charles Mo. Date signed 3/31/48

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

MOTHER FATHER

Date Filed APR 12 1948
District File Number _____
District Health Officer No. 9

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.....

Herbert C. Dallmeyer Registered Apprentice No. 429
working under my personal supervision.

Signed Joseph Lander
Licensed Embalmer No. 4189
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.