

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28989**

FILED AUG 22 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1903**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blackjack</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blackjack</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Parker Rd</b>		d. STREET ADDRESS (If rural, give location) <b>Parker Rd.,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>H.</b> c. (Last) <b>Borgmann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 6th, 1950</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>May 1st, 1863</b>		9. AGE (In years last birthday) <b>87</b>		10. IF UNDER 1 YEAR (Months) (Days) Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>					

13a. FATHER'S NAME <b>Henry Borgmann</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Borgmann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elizabeth Borgmann, R#1 Florissant</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>apoplexy</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b> DUE TO (c) <b>age</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH  <b>334X</b>
---	--	---	--	--	---

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>334X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7-27, 1950**, to **8-6, 1950**, that I last saw the deceased alive on **8/6/50**, and that death occurred at **5:45** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Hudson Jacobs</b>		23b. ADDRESS <b>Metrop Bldg St Louis</b>		23c. DATE SIGNED <b>8/7/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8/9/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem Lutheran Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 8 1950</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Diedrich F. Home 8319 Hallsferry</b>	
---	--	--	--

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

708

---

---

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Oliver A. Padwell*  
.....  
Licensed Embalmer No. 4077

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.