

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34853
State File No. 9303

FILED NOV 8 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1004 Registrar's No. 9303

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CIST LOU ^{Stal} NO 1		c. LENGTH OF STAY (In this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital No 1		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2179	
3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) H c. (Last) Borgmeyer		4. DATE OF DEATH (Month) (Day) (Year) 10-22-1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 6-23-1860
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY RR	11. BIRTHPLACE (State or foreign country) St Charles Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John B Borgmeyer	
13b. MOTHER'S MAIDEN NAME Minnie Massman		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME J M McDonoghuh		ADDRESS 3802 McRee	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lx of left hip; Arteriosclerosis</u> ANTECEDENT CAUSES <u>when he fell in his home</u> DUE TO (b) <u>an Oct 19 1951 about</u> DUE TO (c) <u>530 am</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 19 51 5:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>69030</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Patrick E. Taylor Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>10-22-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>10-22-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moberly Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>4104 Manchester</u>		DATE REC'D BY LOCAL REG. <u>Oct 22 1951</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		DATE <u>10-22-51</u>	

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

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

John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis 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.