

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **242**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>St. Louis</b>	b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Berkeley City,</b>	c. CITY OR TOWN <b>St. Louis,</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>10 Months</b>		e. STREET ADDRESS (If rural, give location) <b>4550 Durant Avenue, 209</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Penn Nursing Home</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Herman</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Borgers</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 24, 1954</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>July 18, 1867</b>	<b>9. AGE</b> (In years last birthday) <b>86</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Tuck Pointer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Tuck Pointer</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Henry Borgers</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Catherine Hemsodt</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs Wm. Blumenthal, 4550 Durant Ave.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>unknown</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Arteriosclerotic Heart disease</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4200</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from May 25, 1953, to Jan 24, 1954, that I last saw the deceased alive on Jan 19, 1954, and that death occurred at 11:30P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Lewis Littmann MD</b>	<b>23b. ADDRESS</b> <b>8231 Clayton Rd 117</b>	<b>23c. DATE SIGNED</b> <b>1/26/54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>1-27-1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Friedens Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1/26/54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>H. Beck</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Math. Hermann &amp; Son Inc. 2161 E. Fair Ave.</b>
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**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.....  
Signature of Student Embalmer

Signed *Walter G. Burnley*  
.....

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**