

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24285
6146
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (In this place) 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
a. STATE Missouri COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 3520 Chippewa St., 216/0

3. NAME OF DECEASED (Type or Print) a. (First) SISTER b. (Middle) MARY c. (Last) BORRMEIO

4. DATE OF DEATH (Month) (Day) (Year) 7-6-54

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Religious

8. DATE OF BIRTH 7-24-1885

9. AGE (In years last birthday) 68 yrs IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry work

10b. KIND OF BUSINESS OR INDUSTRY Religious

11. BIRTHPLACE (State or foreign country) Kichapoo, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anthony Kempter

13b. MOTHER'S MAIDEN NAME Rose Hettich

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Dr. M. Hyacinth, Superior ADDRESS _____

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) Arteriosclerotic Heart Disease
nephritis chronic
ANTECEDENT CAUSES
arthritis chronic
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
arthritis chronic
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
unk
unk
24+0 +

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from Dec 1953 to July 6, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert E Warner M.D.

23b. ADDRESS Paul Brown Bldg St Lmo

23c. DATE SIGNED July 6 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/8/54

24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery

24d. LOCATION (City, town, or county) St. Louis, Missouri

DATE REC'D BY LOCAL REG. JUL 7 1954

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4249

P. O. Address 2842 Meadmore S

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.