

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH4016
State File No.

BIRTH NO.		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived: - Institution or residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Deppert</u>				c. LENGTH OF STAY (In this place) <u>3 summers</u>		c. CITY OR TOWN <u>St Louis (14)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Malibu Beach</u>				e. STREET ADDRESS (If rural, give location) <u>7504 St Charles Road</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Eugene Peter Borgschulte</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 7-1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 26-1897</u>	
9. AGE (In years) <u>59</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>11</u>		11. IF UNDER 24 HRS. Hours <u>8</u> Min. <u>0</u>		9. AGE (In years) <u>59</u>	
10a. OCCUPATION (Give kind of work long during most of working life, even if retired) <u>Sales Manager</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Automobiles</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Portage Des Sioux MO</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Borgschulte</u>			
13b. MOTHER'S MAIDEN NAME <u>Viola Bender, et</u>				14. NAME OF HUSBAND OR WIFE <u>Viola Borgschulte as above</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, be specific) <u>NO</u>				16. SOCIAL SECURITY NO. <u>494-07-3007</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Borgschulte</u>	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>heavy lifting</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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) <u>VIEWER</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>MAR 7</u> , 19 <u>56</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 PM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Abbie Bankson Haskins Coroner</u>				23b. ADDRESS <u>Camden MO</u>		23c. DATE SIGNED <u>Mar 7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		24b. DATE <u>Mar 8-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>Mar 8-1956</u>		REGISTRAR'S SIGNATURE <u>Zilpha Inaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry H. Weis</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1956

APR 10 1956

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... *Robert H Reed* :

Licensed Embalmer No... *374*

P. O. Address... *Camden*

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.