

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6181

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1966**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) 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>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Jennings</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>219 Lexa Drive</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>	b. (Middle) <b>R</b>	c. (Last) <b>Borgmann</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 23 1956</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>March 3 1899</b>
9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Robt. Wright, Contractor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Frederick Borgmann</b>	13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Niebruegge</b>	14. NAME OF HUSBAND OR WIFE <b>Evelyn Borgmann</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>490-01-2371</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Evelyn Borgmann, 219 Lexa Drive</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>9 mos</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver</b>		
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. <b>155x</b>			

19a. DATE OF OPERATION <b>June 1955</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Liver</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? <b>None</b>
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22. I hereby certify that I attended the deceased from **6 - 1, 1955, to Feb 23, 1956**, that I last saw the deceased alive on **Feb 23, 1956**, and that death occurred at **10:30 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Stachler M.D.</b>	23b. ADDRESS <b>7124 Natural Bridge</b>	23c. DATE SIGNED <b>2-24-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb 27 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Black Jack, St. L. County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>FEB 24 1956</b>	REGISTRAR'S SIGNATURE <b>W. Stachler M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

I prefer state funeral & state decedent as primary state

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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. 490

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.