

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1956

318

1003

42917
STATE FILE NUMBER

10605

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL #1.</u>				Length of stay in 1b <u>229x</u>		d. STREET ADDRESS (If outside, give location) <u>1525 Kealty Lane</u>	
3. NAME OF DECEASED (Type or print) First <u>AUGUSTA</u> Middle Last <u>DELMORE</u>				4. DATE OF DEATH Month <u>NOV.</u> Day <u>19,</u> Year <u>1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 29, 1877</u>	
9. AGE (In years last birthday) <u>79 yrs</u>		IF UNDER 1 YEAR Months <u>4</u> Days		IF UNDER 24 HRS. Hours <u>4</u> Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Germany</u>	
13. FATHER'S NAME <u>Herman Borchers</u>				14. MOTHER'S MAIDEN NAME <u>Augusta Biegner</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mr. Alfred H. Trommler, 9540 Highway 67</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Embolus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterial Fibrillation</u> DUE TO (c) <u>Arteriosclerotic Hx. Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>420.0</u>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>a. m.</u> Month <u>p. m.</u> Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE <u>6</u>	
21. I attended the deceased from <u>10/24/56</u> to <u>11/19/56</u> and last saw her alive on <u>11/19/56</u> Death occurred at <u>12:45 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert F. Owen, M.D.</u>				22b. ADDRESS <u>1515 LAFAYETTE AVE.</u>		22c. DATE SIGNED <u>11/19/56.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/21/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>CALVIN F. FEUTZ 4828 NAT'L BRIDGE</u> <u>FUNERAL HOME, INC. ST. LOUIS 15, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>NOV 20 1956</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u> <u>ms</u>		

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I. must be causally related. Doctor, coroner, etc. must use only standard nomenclature of the International System of Diseases.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ralph C. Finders*.....

Licensed Embalmer No. *42*

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.