

FILED OCT 21 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9573**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>1</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mexican Bros Hosp.</b>		d. STREET ADDRESS <b>4636 Gravois</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>J</b> Last <b>BORCHARDT</b>		4. DATE OF DEATH <b>10-12-1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-7-1887</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Store Keeper</b>		9b. AGE (In years last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Store Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sporting Goods</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U*S*A</b>	
13. FATHER'S NAME <b>Frank Borchardt</b>		14. MOTHER'S MAIDEN NAME <b>Not Known</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-38-8401</b>	
17. INFORMANT <b>Ralph N Borchardt</b>		<b>9826 Medomveiw Dr Overland Mo</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Infarction</b> <b>Infection of Brain &amp; hemorrhage</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Ch. Myocarditis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Coronary Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>72 days</b> <b>27 days</b> <b>2 yrs.</b> <b>16 mos.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <b>None</b> Month, Day, Year <b>None</b>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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		20g. COUNTY STATE	
21. I attended the deceased from <b>Feb 20-1954</b> to <b>Oct. 12-1957</b> and last saw her alive on <b>Oct. 12-57</b> Death occurred at <b>8/10 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank C. Laubach, M.D.</b> (Degree or title)		22b. ADDRESS <b>2767 Gravois Ave</b>	
22c. DATE SIGNED <b>10-14-1957</b>			
23a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		23b. DATE <b>10-16-1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis MO.</b>	
24. FUNERAL DIRECTOR <b>WINGBERMUEHLE</b> ADDRESS <b>3819 So Grand Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 14 57</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			

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 *George J. King*  
Licensed Embalmer No. 46  
P. O. Address *Illinois*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**