

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041313

STATE FILE NUMBER

10876

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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-57  
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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 09 De Paul Hospital		Length of stay in 1b 3 Days	d. STREET ADDRESS (If outside, give location) 5308 Maffitt Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Kathryn Fern Borgmann			4. DATE OF DEATH Month Day Year 11 9 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 6, 1912		9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Saleslady (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Stix Baer & Fuller		11. BIRTHPLACE (City and state or country) Adrian, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Samuel Garvey		13b. MOTHER'S MAIDEN NAME Maude E. Wagner		14. NAME OF HUSBAND OR WIFE Theodore W. Borgmann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Theodore W. Borgmann, 5308 Maffitt	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>metastatic carcinoma of liver</i> <i>adenocarcinoma of breast</i> <i>Adeno Carcinoma Breast</i> DUE TO (b) <i>170x</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>6 mo.</i> <i>3 yrs.</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
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	
21. I attended the deceased from <i>11-28-58</i> to <i>11-9-58</i> and last saw her alive on <i>11-9-58</i> Death occurred at <i>2:00 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>D.D. Schropel, M.D.</i>		22b. ADDRESS <i>634 No. Grand, St. Louis, Mo</i>		22c. DATE SIGNED <i>11-10-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <i>11/12/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cem.</i>	
23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>					
24. FUNERAL DIRECTOR <i>Drehmann-Harral, 1905 Union Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 12 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. H. O. Schreppel  
Mo. Theatre Bldg.  
Rm 5-1058  
Hrs. 12-2 P.M.

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 *Warren A. Carve*.....

Licensed Embalmer No. *3539*.....

P. O. Address.....

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.