

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006754

STATE FILE NUMBER

FILED MAR 16 1959

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 64

300
1-57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Charles ⁰⁹²³ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 719 Decatur St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Bernice Mary Borgmeyer			4. DATE OF DEATH Month Day Year March 7, 1959
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 April 2, 1898
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 11 Days 5	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN	11. BIRTHPLACE (City and state or country) Portage des Sioux, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Louis Mallioux	
13b. MOTHER'S MAIDEN NAME Adeline Duvall		14. NAME OF HUSBAND OR WIFE Leo C. Borgmeyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Leo C. Borgmeyer, St. Charles, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertension, malignant Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) - - - 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 15 1/2 3 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		445X	
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.) 445X	
20c. TIME OF INJURY Hour a.m. p.m. 		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 	
20e. CITY, TOWN, OR LOCATION COUNTY STATE 		20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from 3-5-59 to 3-7-59 and last saw her alive on 3-9-59 Death occurred at 8:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE George E. Kinter (Degree or title) M.D.	
22b. ADDRESS St. Charles Mo		22c. DATE SIGNED 3-7-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 10, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
23d. LOCATION (City, town, or county) Saint Charles, Mo.		23e. DATE RECD. BY LOCAL REG. MARCH 7-59	
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles,		26. REGISTRAR'S SIGNATURE Mareeela Wilson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 18 1959

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 *Frank R. Anderson*

Licensed Embalmer No. *4832*

P. O. Address *St. Charles,*

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.