

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031720

FILED VS AUG 30 1960

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Saint 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 Saint Charles		Length of stay in 1b	c. CITY OR TOWN Saint Charles		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's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 530 North Fifth St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle F. Last Borgmeyer			4. DATE OF DEATH Month Aug. Day 20, Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 1, 1923	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months 4 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY Fundmann Motor Co. Saint Charles, Mo. U.S.A.		11. BIRTHPLACE (City and state or country) Mo. U.S.A.	
10c. CITIZEN OF WHAT COUNTRY		12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Robert F. Borgmeyer	
13b. MOTHER'S MAIDEN NAME Hilda Schwendemann		14. NAME OF HUSBAND OR WIFE Judith Mason			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 2		16. SOCIAL SECURITY NO. 499-12-7050		17. INFORMANT Robert F. Borgmeyer, St. Charles Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Renal failure. DUE TO (b) arterio sclerotic cardiac vascular DUE TO (c) renal disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m.	Month, 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
21. I attended the deceased from July 23 - 1960 to Aug 20 - 60 and last saw her alive on Aug 20 - 60 Death occurred at 3 p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Marceena Wilson MD			22b. ADDRESS St Charles, Mo		22c. DATE SIGNED 8/22/60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Aug. 23, 1960	23c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery		23d. LOCATION (City, town, or county) Saint Charles, Mo.	
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo			25. DATE RECD. BY LOCAL REG. Aug 22 - 60		26. REGISTRAR'S SIGNATURE Marceena Wilson

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 31 1960

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 Kent Amal

Licensed Embalmer No. 482

P. O. Address St. Ch

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.