

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10980

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1009
 City St. Louis (No. 5427) QUEENS CUS St. Ward)

File No.
 Registered No. 3058
 St. Ward)

2. FULL NAME

(a) Residence, No. 5427 QUEENS CUS St. 7 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF William Borgmann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1874
 7. AGE YEARS 57 MONTHS 9 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 395
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La 2

MOTHER FATHER
 13. NAME John Carpenter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 5

15. MAIDEN NAME Anna M^s Faggen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Inland 15

17. INFORMANT (ADDRESS) William Borgmann 5427 Queens Cus

18. BURIAL, CREMATION, OR REMOVAL PLACE Freedom DATE 9/30 1932

19. UNDERTAKER (ADDRESS) Math. Hermann 24 5th Ave 616

20. FILED 29 14 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-3- 1931, to 3-27- 1932

I last saw her alive on Mar. 27, 1932 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset

82A 82A

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. VanStoepers M. D.

(Address) 8313 Halls Ferry Rd. City

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

