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.

REC'D MAR 13 1939

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

5950
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 8
(b) Township — Primary Registration District No. 1001 — Registered No. 161
(c) City St. Joseph — (d) Street No. 813 Warsaw Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 62 yrs. 10 mos. 21 ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis Phillip Borngesser
(a) Residence, No. 813 Warsaw Ave. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Tillie Borngesser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26, 1876.
7. AGE: YEARS 62 — MONTHS 10 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Custodian Jr. High School
9. Industry or business in which work was done, as saw mill, bank, etc. St. Joseph, Mo.
10. Date deceased last worked at this occupation (month and year) Nov. 1938.
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri — 0

FATHER
13. NAME: Adam Borngesser — 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany — 6

MOTHER
15. MAIDEN NAME: Liza Lang
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany

17. INFORMANT (ADDRESS): Mrs. Tille Borngesser, 813 Warsaw Ave. St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Mt. Mora Cemt. PLACE St. Joseph, Mo. DATE Feb. 20, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. O. Sidenfaden & Son, 1802 Union Str. St. Joseph, Mo.
20. FILED Feb 20, 1939 H. J. Westhebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937, to Feb 17, 1939
I last saw him alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 9:15 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	unknown
9 3 D 21	

Other contributory causes of importance:

Chronic H.G. Pertension	unknown

Name of operation: None — Date of: ✓
What test confirmed diagnosis? Clinical — Was there an autopsy? no

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? no
If so, specify
(Signed) Gustav H. Lang, M. D.
(Address) Kirkpatrick Bldg St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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, ...

Robert P.Clarkson, or by **********

Registered Apprentice No. **********, working under my personal supervision.

Signed: Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address: 1802 Union St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.