

APR 11 1939

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

Do not use this space.

10089

676

1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St. Joseph

Registration District No. 85  
Priority Registration District No. 1001  
(No. State Hospital # 2)

File No. 216  
Registered No. 216  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. James Borgelt

(a) Residence, No. 715 Dewey, St. Joseph, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Borgelt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Est. 89 unknown unknown unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) unknown  
unknown

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
unknown

17. INFORMANT (ADDRESS) Record State Hosp # 2  
St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) State Hospital Cem. DATE March 15 1939

19. UNDERTAKER (ADDRESS) F.R. SIDENFADEN FUNERAL HOME  
602 SOUTH 10TH STREET

20. FILED MAN 14 1939 H. Kestelbusch  
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1939

22. I HEREBY CERTIFY, That I attended deceased from November 15 1938 to March 9 1939

I last saw her alive on March 9 1939. Death is said

to have occurred on the date stated above, at 9:40 a.m.

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

Arteriosclerotic Heart Disease

Other contributory causes of importance:

Broncho pneumonia

Date of onset  
?  
Feb '39

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Cl. + hab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) D. P. Johnson, M. D.  
(Address) State Hosp # 2  
St. Joseph, Mo.

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.

2025-1-19-36  
I X7284

STATEMENT BY LICENSED EMBALMER

I, Theron O. Smith *Embalmed* Licensed Embalmer No 3928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself L.E. \_\_\_\_\_ No.

\_\_\_\_\_ and by Mollie Sidenfaen, Registered Apprentice No. 14  
working under my personal supervision.

Signed

Theron O. Smith

Licensed Embalmer No 3928

14  
Could not obtain  
first name

REC'D APR 11 1939

