REG'D JUN 12 1939

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

16631
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4165

1. PLACE OF DEATH
(a) County
(b) Township or
(c) City St. Louis
(d) Street No. City Hospital No. 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

E. 1405

2. PRINT FULL NAME 622 William Boerschig
(a) Residence, No. 4592 St. FERDINAND 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: Francis Boerschig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 2, 1872

7. AGE: 66 YEARS; 7 MONTHS; / DAYS; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: nil
9. Industry or business in which work was done, as 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): Germany

FATHER
13. NAME: William Boerschig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

17. INFORMANT (ADDRESS): Hosp. Info. M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Pk DATE 5/6/39

19. FUNERAL DIRECTOR (NAME) Sullivan Bros
(ADDRESS) 2849 Sgt. Leonard

20. FILED MAY 4 1939 J. B. Bulich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/3/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/1/39, 19, to 5/3/39, 19
I last saw him alive on 5/3/39, 19 Death is said to have occurred on the date stated above, at 5.35p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis (right side)	

Other contributory causes of importance:
cerebral arteriosclerosis
hypertension

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) Edward Weiss, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

MAY 20 1942

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 Albert Mansfield & Harry Turner, Registered Apprentice No. 170 working under my personal supervision.

Signed Albert Mansfield

Licensed Embalmer No. 3077

P. O. Address

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

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