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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18348

State File No.

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 53

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 25 Yrs. ~~[illegible]~~

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Washington Mo. (If outside city or town limits write "RURAL")

(d) Street No. 301 Rand St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Henry Bernard Borgmeyer 6 2 2

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of ~~husband~~ or wife Dec'd. Elizabeth Borgmeyer

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Oct (Month) 22 (Day) 1854 (Year)

8. AGE: Years 85 Months 6 Days 19 If less than one day ✓ hr. — min.

9. Birthplace Cole County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Hotel Proprietor

11. Industry or business ✓ ✓

FATHER
12. Name Henry Borgmeyer
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Johanna Hannenkamp
15. Birthplace Germany (City, town, or county) 6 (State or foreign country)

16. (a) Informant Anton Borgmeyer

(b) Address Washington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director Nieburg & Vitt Inc

(b) Address Washington Mo.

19. (a) May 14-1940 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1940 hour 6 minute 450 M.

21. I hereby certify that I attended the deceased from 1934, 19__, to May 11, 1940 that I last saw him alive on 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Washington Mo. Date signed 5/13/40

(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, or by me

, Registered Apprentice No. ,

working under my personal supervision.

Signed G. Milburn

Licensed Embalmer No. 02387

P. O. Address Washington, Me

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