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SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26886

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6782

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

**1. PLACE OF DEATH:**

(a) County

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 16

(d) Street No. 3502 So. Spring Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME CONSTAND C. BORDMANN 635

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Anna Bordmann

6. (c) Age of husband or wife if alive 60 yrs years

7. Birth date of deceased March (Month) 8 (Day) 1871 (Year)

8. AGE: Years 69 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)

10. Usual occupation Butcher & Grocer

11. Industry or business Retired 3 yrs.

FATHER
12. Name Dont Know.
13. Birthplace Dont Know. (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Dont Know.
15. Birthplace Dont Know. (City, town, or county) (State or foreign country) 9

16. (a) Informant Anna Bordmann

(b) Address 3502 So. Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Gibbons L. & N. Co

(b) Address 2630 Gravois Ave.

19. (a) AUG 8 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 9th year 1940 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 22, 1931, to Aug 4, 1940 that I last saw him alive on Aug 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease (Hypertension, & Art. Sclerosis) — Duration 10 yrs

Due to —

Due to — (No stones Non malignant)

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations —

Of autopsy Cardiac Hypertrophy Art. Sclerosis Small Red Granular Kidney

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 H. A. Rusk (M. D. or other) RUSK

Address 3720 Washington Date signed 8-9-40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Mo.

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

**If this body is not embalmed, fact should be so stated above.**