

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution:
1215 North Second St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 North Second
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna M. Borgmeyer
3. (b) If veteran, name war _____
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 19
year 1944 hour 12 minute 0 P. M.
21. I hereby certify that I attended the deceased from
Jan 2, 1944, to February 19, 1944
that I last saw h. ex alive on February 19, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Borgmeyer
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased August 20 1859
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Clitoria
& generalized carcinoma
Due to _____
Duration 2 yrs

8. AGE: Years 84 Months 5 Days 29
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Orchard Farm, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Bernard Boeding
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Reibling
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

16. (a) Informant David & Mary Borgmeyer
(b) Address 1215 N. Second, St. Charles, Mo.
17. (a) Burial (b) Date thereof Feb. 23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Roman Cemetery
18. (a) Signature of funeral director H.C. Dallmeier & Sons Co.
(b) Address 201 N. Second, St. Charles, Mo.
19. (a) 2-22-1944 (b) Ernest G. Paul
(Date received local registrar) (Registrar's signature)

23. Signature George E. Stater (M. D. or other)
Address St. Charles, Mo. Date signed 2/21/44

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

2
9
3

32
3

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-15-44

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.....

John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo.

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, fact should be so stated above.