

Registration District No. **317**

Primary Registration District No. **3269**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Richmond Heights**
(c) Name of hospital or institution
3 Layton Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")
(d) Street No. **# 3 Layton Terrace**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Henry Borgmann**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**
6. (b) Name of husband or wife **Joseph B. Borgmann** 6. (c) Age of husband or wife if alive **1859** years
7. Birth date of deceased **Dec. 12th., 1859**
(Month) (Day) (Year)

8. AGE: Years **87.** Months **3** Days **12** If less than one day hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Furn. Finisher**

12. Name **Gerhardt Borgmann**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaretta Kock**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary A. Lorenz**

(b) Address **# 3 Layton Terrace**

17. (a) **Removal** (b) Date thereof **3-26-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chicago Ill.**

18. (a) Signature of funeral director **Arthur J. Donnell**

(b) Address **3840 Lindell Blvd.**

19. (a) **3-25-47** (b) **Arthur J. Donnell**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **March** day **24th.**, year **1947** hour **1** minute **P.** M.

21. I hereby certify that I attended the deceased from **1940** to **1947**
and that I last saw him alive on **JANUARY** 19**47**
and that death occurred on the date and hour stated above.

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
23. Signature **Sam B. Banett** (M.D. or other)
Address **1200 S. Big Bend** Date signed **3-25-47**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24th.**, year **1947** hour **1** minute **P.** M.
21. I hereby certify that I attended the deceased from **1940** to **1947**
and that I last saw him alive on **JANUARY** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, Acute**
Duration

Due to **Senility**
Due to **930**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **No**

Of autopsy **No**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 3 1947

8461 MAY 5 1948

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Lindell

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.