

S. No. 300  
M-10-47  
5-17-39  
VI 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42046  
State File No. \_\_\_\_\_  
Registrar's No. 2872

FILED DEC 31 1948  
Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Affton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Miller's Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
In this community 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.# 9 Box 102  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH C. BORN  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 14th  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Anthony Born  
6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased March 17th 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6th 1948 to Dec. 14th 1948  
that I last saw her alive on Dec. 12th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Heart and Kidney Disease  
Duration 6 Mo.

8. AGE: Years 82 Months 8 Days 27  
If less than one day  
hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace St. Louis Mo. U  
(City, town, or county) (State or foreign country)

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)  
1 yr.

10. Usual occupation Housewife  
11. Industry or business At Home

PHYSICIAN  
Major findings: Of operations no  
Of autopsy no  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name John Renggl  
13. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Ludwig  
15. Birthplace Baden Baden Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Watson  
(b) Address 1015 Boland Place

17. (a) Burial (b) Date thereof Dec. 16 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director Walter Boeke  
(b) Address 6536 Clayton Rd.

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? \_\_\_\_\_

19. (a) 12/15/48 (b) Theriel V. Lanning, MD  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature M. H. Walters, MD (At or other) \_\_\_\_\_  
Address 3608 S. Grand Blvd. Date signed 12/14/48

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**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 Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

**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.**