

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24425**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **119**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL, and give town or township) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 412 South Second Street	

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) A. c. (Last) Borgmeyer			4. DATE OF DEATH (Month) (Day) (Year) July 2 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 26, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) St. Paul, Missouri	
13a. FATHER'S NAME Joseph Yust			13b. MOTHER'S MAIDEN NAME Elizabeth Maas		14. NAME OF HUSBAND OR WIFE Frank B. Borgmeyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NIL		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank B. Borgmeyer--St. Charles, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 5 days 5 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1950 to 7-2, 1950 , that I last saw the deceased alive on 7-2, 1950 , and that death occurred at 12:10 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE George Koster M.D. (Degree or title)			23b. ADDRESS St Charles Mo		23c. DATE SIGNED 7-3-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 5-1950		24c. NAME OF CEMETERY OR CREMATOR St. Peter Cemetery	
DATE REC'D BY LOCAL REG. 7-11-50		REGISTRAR'S SIGNATURE Frank B. Borgmeyer		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	

25. FUNERAL DIRECTOR'S SIGNATURE Frank B. Borgmeyer		ADDRESS 800 W. 2nd St. Charles, Mo.	
(Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1973

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334X

RECEIVED JUL 17 1950
District Health Officer No. 9,
District File Number _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

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.