

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24577**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 6069			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2099			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				6 STREET ADDRESS (If rural, give location) 5962 Wabada Ave.				0	
3. NAME OF DECEASED (Type or Print) ELSIE		a. (First)		b. (Middle) BORGSTEDE		c. (Last)			
4. DATE OF DEATH July 12, 1950		(Month)		(Day)		(Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-11-1892			
9. AGE (In years, last birthday) 58		If UNDER 1 YEAR		Months 0		Days 11			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Wheeling, W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Warneke		13b. MOTHER'S MAIDEN NAME Catherine Knight		14. NAME OF HUSBAND OR WIFE Herbert Borgstede					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Herbert A. Borgstede					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 8 days							
ANTECEDENT CAUSES		DUE TO (b) Hypertension 10 years							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arteriosclerosis 10 years							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.							
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 831X					
22. I hereby certify that I attended the deceased from February, 1950 , to July 12, 1950 that I last saw the deceased alive on July 12, 1950 , and that death occurred at 7:12 AM. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Charles C. Mollen, M.D.				23b. ADDRESS 3121 N. Grand		23c. DATE SIGNED July 14, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-15-1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Ceme.		24d. LOCATION (City, town, or county) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. JUL 14 1950		REGISTRAR'S SIGNATURE J. B. Basster		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH					
				ADDRESS 7450 Manchester Ave. Maplewood 17, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Van M. Sizemore.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4343.....

P. O. Address St. Louis, 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.