

FILED SEP 27 1950 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

8-20-50

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2216

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>	
c. LENGTH OF STAY (In this place) <u>48</u> OR <u>49</u> DAYS		d. STREET ADDRESS (If rural, give location) <u>1248 Moorlands Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1248 Moorland Dr.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>J.</u> c. (Last) <u>Borgmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 4, 1894</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>8</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President & Treas. Commonwealth Coal Co.</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Herman Borgmann</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brinker</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Borgmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>494-05-3924</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Borgmann 1248 Moorland</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Acute dilatation of heart.</u>		
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 <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Sept-17, 1950, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Maurice C. Frankenthal</u>		23b. ADDRESS <u>West 4500 Olive</u>		23c. DATE SIGNED	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>			

DATE REC'D BY LOCAL REG. <u>9-19-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stuart 1225 Union</u>	
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REUR (Licensed Embalmer's Statement on Reverse Side)

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

007-7-950

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.....
Student Embalmer

Signed *J. Wm Binsley*
Licensed Embalmer No. *3653*

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.