

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2874

State File No.

1018

FILED FEB 11 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>5 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u>		<u>4820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9904 Berwick Dr.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>E</u>		c. (Last) <u>Borngesser</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26, 1953</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>Feb 22, 1873</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Eberle</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Herman</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mildred Nuell 9904 Berwick Dr.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Enlargement of heart</u> ANTECEDENT CAUSES DUE TO (b) <u>Asthma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Chronic Bronchitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>15 years</u> <u>10 years</u> <u>15 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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? <u>24ix</u>			
22. I hereby certify that I attended the deceased from <u>Jan 20, 1940</u> to <u>Jan 26, 1953</u> , that I last saw the deceased alive on <u>Jan 26, 1953</u> , and that death occurred at <u>8:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter Kelley M.D.</u>			23b. ADDRESS <u>9915 Gravois</u>			23c. DATE SIGNED <u>Jan 27/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/29/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>	
DATE REC'D BY LOCAL REG. <u>JAN 28 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L Ziegenhein & Sons 7027 Gravois</u>			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 7027 Shreve

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.