

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1953

State File No. ....

Registrar's No. 8444

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. ....		Registrar's No. 8444			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. Louis</u> )			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>			239			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarinate Word Hospital</u>					d. STREET ADDRESS (If rural, give location) <u>23 2631 McNair Ave.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>			b. (Middle) <u>Marie</u>		c. (Last) <u>Borchardt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 14, 1889</u>		9. AGE (In years last birthday) <u>64</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>McKinley High School</u>		11. BIRTHPLACE (State or foreign country) <u>ST. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fred A. Wilke</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Schrammeck</u>			14. NAME OF HUSBAND OR WIFE <u>Henry Borchardt</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>492-24-4752</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Koettker 2631 McNair Ave.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Per Ebral N. pneumoniae</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Didata Inletta</u> <u>Pyptemia</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										4-5yr.	
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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>260X</u>						
22. I hereby certify that I attended the deceased from <u>Jan. 15, 1953</u> , to <u>Aug. 29, 1953</u> , that I last saw the deceased alive on <u>Aug. 29, 1953</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>C. W. Lambert - M.D.</u>					23b. ADDRESS <u>1504 So. Grand</u>			23c. DATE SIGNED <u>8/31/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>		24b. DATE <u>Sept. 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Churchyard</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County</u>					
DATE REC'D BY LOCAL REG. <u>AUG 31 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Schmidt &amp; Sons, Inc. 2929 S. Jefferson Ave.</u>						

**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 *D. M. Davis*

Licensed Embalmer No. *374*

P. O. Address *2929 W. Jensen*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.