

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1956

State File No. **39240**
Registrar's No. **9564**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 15 Min's	c. CITY OR TOWN 4000 Velda Village	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1167 Hamilton Ave.		STREET ADDRESS (If rural, give location) 2815 Colonial Ave.	

3. NAME OF DECEASED (Type or Print) ALMA BORGMEYER			4. DATE OF DEATH Oct. 18, 1956		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Home maker		11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME (Unknown) McDonald		13b. MOTHER'S MAIDEN NAME Mary E. Herrick		14. NAME OF HUSBAND OR WIFE August Borgmeyer	
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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. none	17. INFORMANT'S SIGNATURE OR NAME August Borgmeyer ADDRESS 2815 Colonial Ave.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Immediate
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion.				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) Arterio sclerosis Heart D.		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Hypertension		
	II. OTHER SIGNIFICANT CONDITIONS			
	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.0	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None	
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22. I hereby certify that I attended the deceased from **June 1, 1956**, to **Oct 18, 1956** that I last saw the deceased alive on **Oct 16, 1956**, and that death occurred at **8:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. Staeble MD (Degree or title)		23b. ADDRESS 7124 Natural Bridge		23c. DATE SIGNED ad 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 22, 56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 20 1956	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE McCullen Kelly	ADDRESS 7267 Natural Bridge
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *James A. Lamm*.....

Licensed Embalmer No. *414*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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