

Health, Welfare, Public Service, 300-56, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42735
10709
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10709

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, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess		Length of stay in 1b 41 yrs 2 1/4	STREET ADDRESS 6150 Oakland Avenue		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Olga Middle --- Last Borgmann			4. DATE OF DEATH Month Nov. Day 21 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 6, 1889	9. AGE (In years last birthday) 67 yrs	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deaconess		10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and state or country) Levasy, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Borgmann			14. MOTHER'S MAIDEN NAME Anna Unknown			
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 Sister Frieda Ziegler, 6150 Oakland Ave			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS RT. LENTICULO-SCALATE ARTERY DUE TO (b) CEREBRAL ARTERIOSCLEROSIS DUE TO (c) GENERALIZED ARTERIOSCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 mo	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 332x			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		CITY COUNTY STATE	
21. I attended the deceased from April 1949 to Nov. 21 1956 and last saw her alive on Nov 21, 1956. Death occurred at 5 Pm on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Robert E Koch (Degree or title) M.D.			22b. ADDRESS 35th CENTRAL		22c. DATE SIGNED 11-23-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/24/56	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri		
24. FUNERAL DIRECTOR CALVIN F. FEUTZ 4828 Nat'l Bridge Funeral Home, Inc. St. Louis 15, Mo.		25. DATE RECD. BY LOCAL REG. NOV 23 1956	26. REGISTRAR'S SIGNATURE Earl Smith M.D.			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

From to 6:00 P.m.
Files in City

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert E. Lindner*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.