

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003944

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 198

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) (Specify) a. STATE MO. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Des Peres		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Des Peres		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1821 N Ballas Rd		Length of stay in lb 50 Yrs.	d. STREET ADDRESS 1821 N Ballas Rd.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOHN HENRY BORCHERDING			4. DATE OF DEATH Jan 19 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-23-1880	9. AGE (In years at birthday) 78	FUNDER YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Borcharding		13b. MOTHER'S MAIDEN NAME Louise Niemann		14. NAME OF HUSBAND OR WIFE Caroline Borcharding	
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. 199-12-1371	17. INFORMANT Address Kirkwood Mo Caroline Borcharding 1821 N Ballas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 15-30 MIN.
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) Arteriosclerotic Heart Disease					5 yrs.
DUE TO (c) Arteriosclerosis Generalized					5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4260					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)			
20c. TIME OF INJURY Hour Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from July 15, 1953 to Jan 19, 1959 and last saw him alive on Dec 29, 1958 Death occurred at 9:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert S. Hughes, M.D. (Degree or title)			22b. ADDRESS Creve Coeur, Mo.		22c. DATE SIGNED 1/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-20-59	23c. NAME OF CEMETERY OR CREMATORY St. Paul Luth. Cemetery		23d. LOCATION (City, town, or county) STATE Des Peres Mo.	
24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home Ballwin Mo.		25. DATE RECD. BY LOCAL REG. 1-20-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Baltimore, Md.*

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.