

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31915

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City, St. Louis (No. 3834 Labadie av)
File No.....
Registered No. 9175
St. Ward)

2. FULL NAME

Mary E. Borak
(a) Residence. No. 3834 Labadie av, St. 10 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Borak

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-15-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 0 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Krowitz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs Borak
(Address) 3834 Labadie av

15. FILED Mrs C. Starkoff
19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1 1928, to Sept 13 1928 that I last saw h. alive on Sept 16 1928, and that death occurred, on the date stated above, at 10509.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
131
9130
(duration) 2 yrs. 7 mos. 7 da.
CONTRIBUTORY Chronic nephritis
(SECONDARY)
(duration) 15 yrs. 7 mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED 1290
IF NOT AT PLACE OF BIRTH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Paul Brueberg, M. D.
, 19 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary cemetery DATE OF BURIAL Sept 15 1928

20. UNDERTAKER Cullman 1710 1/2 Grand St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

