

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

Do not use this space.

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1170 File No. 30351
 7 Township Delmar Primary Registration District No. 6248th Registered No. 182
 7 City Delmar Heights (No. St Mary's Hospital) St. Delmar Ward Delmar

2. FULL NAME Jenny Rosemond Borish
 (a) Residence No. 1804 N. 18th St. Delmar Ward Delmar
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-24-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
12. 2

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joseph Borish

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jessie Dackel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia
 (STATE OR COUNTRY)

14. INFORMANT St Mary's Hospital
 (Address) Richmond St, Mo

15. FILED 9/27 1932 L R Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 196 1932

17. I HEREBY CERTIFY, That I attended deceased from 9-23 1932, to 9-26 1932
 (that I last saw h.a.m. alive on 9-25 1932 and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

marasmus
myocarditi

93H
158 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home 1804 N. 18th
city hospital (St. Louis)
 IF NOT AT PLACE OF DEATH? _____

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John G. Daniels, M.D.
 , 19 (Address) St. M.

*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 St Hope Cemetery DATE OF BURIAL 9/28 1932

20. UNDERTAKER Central Undertaking Co ADDRESS 18th St
St Louis Mo.

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.

10-1-32

PARENTS

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Central.