

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Normandale Drive (No. 6937)

Registration District No. 789
Primary Registration District No. 60333

File No. 20965
Registered No. 177
St. _____ Ward _____

2. FULL NAME

William Born

(a) Residence, No. _____ St. _____ Ward _____
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Belle Born</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7 1850.</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>--</u>	<u>2</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Singer Sewing Mach. Co</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	13. NAME <u>unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	15. MAIDEN NAME <u>unknown</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	17. INFORMANT <u>Mrs Belle Born</u> (ADDRESS) <u>6937 Normandale Dr.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friedens Cemetery</u> DATE <u>June 12th 1933</u>				
19. UNDERTAKER <u>Wm Nohrmacher</u> (ADDRESS) <u>4824 Natural Bridge ave</u>				
20. FILED <u>6/10/1933</u> <u>Wm Nohrmacher</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to June 9 1933
I last saw him alive on June 9 1933 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
chronic myocarditis 2/1/32
chronic gastritis 2/1/33
Other contributory causes of importance:
none
Name of operation none Date of X
What test confirmed diagnosis? heart report Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19...
Where did injury occur?, (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) William T. Hislop, M. D.
(Address) 3500 N. 2nd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

