

REC'D MAY 10 1938

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

Do not use this space.

791
1003

13127

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. Bethesda Hospital)

File No.....

Registered No. 37331

St. Ward)

2. FULL NAME

(a) Residence, No. Bunker, Mo. St. NR Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 16 - 1901

7. AGE YEARS 37 MONTHS 0 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME George Borkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Lula White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Roy Borkin

18. BURIAL, CREMATION, OR REMOVAL PLACE Bunker Mo DATE Apr - 23 - 1938

19. UNDERTAKER (ADDRESS) B. W. M. Laughlin

20. FILED APR 21 1938

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1937, to 4-20, 1938

I last saw her alive on 4-20, 1938. Death is said to have occurred on the date stated above, at 10⁴⁵ p. m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis, superimposed by chr. nephritis
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Other contributory causes of importance: Tuberculosis of Spine

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. W. Hundershiff M.D.

(Address) 4500 Olive - St Louis, Mo

Emm Black signed