

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34307  
Registrar's No. 8845

Registration District No. 791 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1008  
(a) County St. Louis, Mo  
(b) City or town Centralia (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Borland, Erma Fern 645  
8. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joseph Borland 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased February 5 1912  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
27 8 12 hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Otto Cread  
13. Birthplace Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Indreadors  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]  
(b) Address 1315 Cherry St Centralia Ill  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 1939 (Month) (Day) (Year)  
(c) Place: burial or cremation Centralia Illinois  
18. (a) Signature of funeral director Peatz Brothers  
(b) Address 3029 Lafayette Ave  
19. (a) OCT 17 1939 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Marion  
(c) City or town Centralia (If outside city or town limits, write "RURAL")  
(d) Street No. 1315 CHERRY (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 17 year 1939 hour 1000 minute ten A.M.  
21. I hereby certify that I attended the deceased from October 5th 1939, to October 17 1939; that I last saw her alive on October 17 1939; and that death occurred on the date and hour stated above.  
Immediate cause of death Pulmonary Infarction Duration \_\_\_\_\_

Due to Chronic Passive Congestion  
Due to Rheumatic Heart Disease  
Waldenström  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Autopsy showed rheumatic heart multiple Of autopsy valve defects pulmonary infarcts + congestion.  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature F. R. Bradley (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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.

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**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *Mary J. Shumaker*

Licensed Embalmer No. *2679*

P. O. Address..... *432 Kenney*

**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 this body is not embalmed, above space should be left blank.**