

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5530

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 week
In this community. 1 week 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis
(c) City or town. Riverview Gardens
(If outside city or town limits, write "RURAL")
(d) Street No. 461a Adrian Dr.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3, 1941 year 1941 hour 1:40 AM minute M.
21. I hereby certify that I attended the deceased from June 23, 1941, to July 3, 1941;
that I last saw him alive on July 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Recurrent Hemorrhage of Brain.
Cause unknown
Other conditions: Hemorrhage of Brain
Major findings: Of operations
Of autopsy: m
Duration: 1 da
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME James Borton

3. (b) If veteran, name war. None 3. (c) Social Security No. 492-10-9867

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Avis Borton nee Shelton 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June 11, 1911 (Month) (Day) (Year)

8. AGE: Years 30 Months 0 Days 22 If less than one day hr. min.

9. Birthplace. Seibert Colo. (City, town, or county) (State or foreign country)

10. Usual occupation. Machinist

11. Industry or business

12. Name Don Borton

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name. Lena Johnson

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Avis Borton

(b) Address. 461a Adrian Dr.

17. (a) Burial (b) Date thereof 7/7/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Friedens Cemetery

18. (a) Signature of funeral director. Math Hermann & Son

(b) Address. 2161 East Fair Ave.

19. (a) JUL 4 1941 (Date received local registrar) (b) J. W. W. (Registrar's signature)

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

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

William G. Buchholz

Licensed Embalmer No.

2160

P. O. Address

St. Louis, Mo.

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, fact should be so stated above.