

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30078**
Registrar's No. **7417**

FILED OCT 18 1941
791

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **11 Days**
In this community..... **LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1629 South Thirteenth Street**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME..... **Paul Borick**
3. (b) If veteran, name war..... **none** 3. (c) Social Security No. **493-09-4013**

20. DATE OF DEATH: Month **September** day **12**, year **1941** hour **8:40** minute **P.** M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced..... **married**
6. (b) Name of husband or wife..... **Alvina** 6. (c) Age of husband or wife if alive..... **27** years
7. Birth date of deceased..... **September 10, 1911**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **September 2**, 19**41** to **September 12**, 19**41**; that I last saw him alive on **September 12**, 19**41**; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	30	0	2hr.min.

Immediate cause of death.....
Cirrhosis of liver
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 5 months of death)

9. Birthplace..... **St. Louis, Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation..... **machinist**
11. Industry or business..... **McQuay-Norris Company**

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name..... **Anton Borick**
13. Birthplace..... **Austria** (City, town, or county) (State or foreign country)
14. Maiden name..... **Effie Davis**
15. Birthplace..... **Vineland, Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant..... **Alvina Borick**
(b) Address..... **1629 So 13th Street**
17. (a) **Burial** (b) Date thereof..... **9-16-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **New S.S. Peter & Paul Cem**

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?.....

18. (a) Signature of funeral director..... **J.W. McLaughlin**
(b) Address..... **2301 Lafayette Ave**
19. (a) **SEP 14 1941** (b) **J. Fredrick**
(If not received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature..... **J. Fredrick** (M. D. or other) **9/13/41**
Address..... **1515 Lafayette Ave. s. s.** Date signed.....

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.....

Ralph E. Lunders....., Registered Apprentice No. *281*
working under my personal supervision.

Signed *Paul A. Keith*.....

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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.