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1-9-4-41
7-5-17-39
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FILED APR 13 1942

State File No. _____
Registrar's No. 2477

Registration District No. _____ 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 Hospitzl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Day
(Specify whether _____)
In this community _____
years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 24 090
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3818-A So. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Arthur Borisch
3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-16-0394

4. Sex 0 male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased September 16th 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Cook

11. Industry or business _____

MOTHER FATHER { 12. Name Aug. Borisch
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Emma Krimmer
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mary Borisch
(b) Address 3818 So. Broadway

17. (a) National Cemetery (b) Date thereof March 21st
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director J. J. Gumbel
(b) Address 6409 Gravois Av.

19. (a) MAR 19 1942 (b) J. T. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18, year 1942 hour 1:55 minute A. M.
21. I hereby certify that I attended the deceased from February 27, 1942 to March 18, 1942 that I last saw him alive on March 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated abdominal aortic aneurysm from syphilis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 96

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy as above

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 Drew M. Petersen (M. D. or other) D
Address 1515 Lafayette Ave. Date signed 3/18/42

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

22

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 VE Morris

Licensed Embalmer No. 8360

P. O. Address. 6409 Gravois

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.