

S. No. 2
M. 5-42
v. 5-17-39
P. 1 X32873

28123

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1838

FILED SEP 8 1942

Registration District No. 184

Primary Registration District No. 101

96
2
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Missouri

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town House Springs
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Borrini

3. (b) If veteran, name war None

3. (c) Social Security No. 493-09-4402

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1942 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Borrini 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May 21, 1907
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: While driving hbs own auto on wrong side of road collided with Pevely Truck (milk) on pub. h'way
due to Mul. fractures, ruptured liver, subd & subarachnoid hemorrhages
hemothorax & hemo peritoneum

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy yes

Duration _____

8. AGE: Years Months Days If less than one day

35 3 10 hr. min.

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

10. Usual occupation Machinist

11. Industry or business McQuay-Norris

12. Name Joseph Borrini

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

14. Maiden name Josephine Pirinni

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

16. (a) Informant Rose Gianella

(b) Address 5249 Pattison St.

17. (a) Burial (b) Date thereof 9/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director. Paul Calvaterra

(b) Address 5140 Daggert Street,

19. (a) SEP - 2 1942 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 8-31-42

(c) Where did injury occur? H'way 66 & Leclde Rd
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Pub. H'way & Leclde St

While at work? Pub. Pl (Specify type of place) (e) Means of injury _____

23. Signature Louis H. B. [Signature]
Address Richard, Mo. 9-1-42 Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

M.C.

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.....

Albert G. Hoffa

Licensed Embalmer No..... 2971

P. O. Address.....

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.