V. S. No. 2
DM—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37972

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 2432

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Old People's Home 5
(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: 96

(a) State Missouri (b) County St. Louis 3
(c) City or town University City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington Avenue.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Virginia Bording

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White 1
6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January 1, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	19	..... hr. ..... min.

9. Birthplace Carlyle Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 8 years

11. Industry or business

FATHER
12. Name John H. Bording
13. Birthplace ..... Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary A. Kingscott
15. Birthplace ..... England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. W. Gray
(b) Address 840 Pennsylvania Ave.

17. (a) Burial (b) Date thereof 11/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carlyle, Illinois

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) NOV 21 1942 (b) E G McGarran M D
(Date received by local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20, 1942
year 3 hour ..... minute A M.

21. I hereby certify that I attended the deceased from Jan - 1940, 19..., to Nov. 20, 1942; that I last saw her alive on Nov 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart lesion systolic	2.
Due to	
Due to	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	2.

Major findings:
Of operations
Of autopsy

PHYSICIAN
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?
(Specify type of place)
While at work? ..... (e) Means of injury

23. Signature J R Ryan D (M. D. or other)
Address 607 N. Grand Pl Date signed 11-20-41

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

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.