S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1943 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8106

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3060

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

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution:
St. Mary's Infirmary 1536 Papin St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 25

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1611 Rear Franklin ave
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Borum, Susanna

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased — (Month) — (Day) 1872 (Year)

8. AGE: Years 71 Months — Days — If less than one day ..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Joe Nickerson
13. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Hettie Thomas
(b) Address 1611 Rear Franklin ave

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

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin ave

19. (a) MAR 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
year 43 hour 5:50 minute ..... M.

21. I hereby certify that I attended the deceased from 3-25-42 to 3-28-1943
that I last saw her alive on 3-28-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Rt. paralysis

Due to .....

Due to .....

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

Major findings:
Of operations —
Of autopsy —

Duration

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 L. S. Davis (M. D. or other) M. D.
Address 1536 Papin Date signed 3-30-43

(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. A. Gibson

Licensed Embalmer No. 2963

P. O. Address 29 N Franklin ave

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.