

FILED AUG 21 1943

State File No. _____
Registrar's No. 1872

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3517-Calvert Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community XXXX
years, months or days

3. (a) PRINT FULL NAME Lena L. Bording
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Clay B. Bording 6. (c) Age of husband or wife if alive D years
7. Birth date of deceased Nov 29 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Householder

MOTHER FATHER

11. Industry or business _____
12. Name George A. Peter
13. Birthplace Millstadt Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Lena Guthertz
15. Birthplace Millstadt Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph P. Bording
(b) Address 9416-Edmund Dr-Overland Mo
17. (a) Burial (b) Date thereof 8-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Baumman
(b) Address 2504-Woodson Overland
19. (a) AUG 17 1943 (b) [Signature]
(Date received local day) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 14341-Juniate Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1943 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 12
1943, 19 to July 13, 19
that I last saw her alive on July 12, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3 yrs
Duration

Due to arterial Sclerosis

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

Major findings:
Of operations 93d
Of autopsy _____
PHYSICIAN _____

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 [Signature] (M. D. or other) _____
Address 8900 St Charles Rd Date signed 8/18/43

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

NOV 29 1944

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 W. J. Peterson
Licensed Embalmer No. 3767
P. O. Address Overland Mo.

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.