

FILED AUG 25 1944

318

Registration District No. 1003

State File No. _____

Registrar's No. 7155

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
4471 Olive St. 1
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 179
(c) City or town St. Louis
(d) Street No. 4471 Olive St.
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Jane Bora

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

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

6. (b) Name of husband or wife John H. Bora 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 26, 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charley Cochran

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

14. Maiden name Louise

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

16. (a) Informant Dr. T. J. Repp

(b) Address 4503 Washington Pl

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

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 457 Washington Pl
AUG 16 1944 (Date received local registrar)

19. (a) J. J. Brauer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1944 hour 8 AM minute _____ M.

21. I hereby certify that I attended the deceased from Aug 6, 1944 to Aug 14, 1944
that I last saw her alive on Aug 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction - (Coronary)

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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? _____
(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 T. J. Repp (M. D. or other)
Address 4503 Washington Date signed Aug 14/44

PHYSICIAN
Underlines the cause to which death should be charged statistically.

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

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

John Ketter

Licensed Embalmer No.

2880

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, above space should be left blank.