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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 31 1947**  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42103

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **11066**

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 108 S Theresa  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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3. (a) PRINT FULL NAME Hurbert Borem

3. (b) If veteran, name war No  
3. (c) Social Security No. 412-95-6768

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

6. (b) Name of husband or wife Rosetta Borem  
6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Apr. 15 1903  
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 6  
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Bee Borem

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

14. Maiden name Susie Clark  
(City, town, or county) (State or foreign country)

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

16. (a) Informant \_\_\_\_\_  
(b) Address 3510a Clark Ave.

17. (a) Burial (b) Date thereof 12-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. F. Bredbeck  
(b) Address 3517 LaCade Ave

19. (a) DEC 24 1946 (b) J. F. Bredbeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21  
year 1946 hour 5 minute 25 AM

21. I hereby certify that I attended the deceased from 12-4 1946 to 12-21 1946  
that I last saw him alive on Dec. 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy  
Duration Undet.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 8 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. J. E. Kount (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed 12/23/46

*Handwritten signature*

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

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**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

*P. M. Green*

Licensed Embalmer No. *1173*

P. O. Address

*3517 S. Claude 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.**