

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27536**
Registrar's No. **7599**

FILED SEP 13 1948
Registration District No. **048**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME **LOUIS BORRONI**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **488-07-2573**

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

6. (b) Name of husband or wife **Rachele Harvaglia** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 31 1887**
(Month) (Day) (Year)

8. AGE: Years **60** Months **09** Days **28** If less than one day _____ hr. _____ min.

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

10. Usual occupation **labour**

11. Industry or business **labour**

12. Name **Carlo Borroni**

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

14. Maiden name **Theresa Brumatti**

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

16. (a) Informant **Mrs. Rachele Borroni**

(b) Address **5513 Botanical**

17. (a) **Burial** (b) Date thereof **Sept. 1 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection**

18. (a) Signature of funeral director **Paul C. Calcutt**

(b) Address **2142 S. Daggett Ave.**

19. (a) **AUG 30 1948** (b) **J. F. Muebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **1800**
(c) City or town **St. Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **5513** Botanical
(If rural, give location)
(e) Citizen of foreign country? **13** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **29**
year **1948** hour **4** minutes **30** M.

21. I hereby certify that I attended the deceased from **8/30** to **8/30** 19**48**
that I last saw him alive on **8/30/48** 19**48**
and that death occurred on the date and hour stated above

Immediate cause of death **General** Duration _____
Metastatic
Carcinoma

Due to **Carcinoma of**

Due to **prostate Primary**

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of**

Of operations **bones & prostates**

Of autopsy **as above**

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? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **H. L. Millikin** (M. D. or other)

Address **2608 S. Knipfing** Date signed **8/30/48**

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 Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.