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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35065
Registrar's No. _____

Registration District No. 277

Primary Registration District No. 6076

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

1. PLACE OF DEATH **St Louis**

(a) County **St Louis**

(b) City or town **Lakewood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7809 Fleeta /
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME **Carrie Borhardt**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F /** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **D 3**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Aug 16 1886**
(Month) (Day) (Year)

8. AGE: Years **62** Months **2** Days **5**
If less than one day hr. min.

9. Birthplace **Alton Ill. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Spotter**

11. Industry or business _____

12. Name **Alfred Dorsett**

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

14. Maiden name **Lorraine Smith**

15. Birthplace **Alton Ill. /**
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) **Burial** (b) Date thereof **10/25/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park Cemetery**

18. (a) Signature of funeral director **John L Ziegenheim & Sons**

(b) Address **7022 Gravois Ave.**

19. (a) **10-25-48** (b) **Carla Hapko**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **2475**

(a) State **Mo** (b) County **St Louis 96**

(c) City or town **Lakewood**
(If outside city or town limits, write "RURAL")

(d) Street No. **7809 Fleeta**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **21**
year **1948** hour **7** minute **00** p.m.

21. I hereby certify that I attended the deceased from **June 1940**
to **Oct 21 1948**
that I last saw her alive on **Oct 18 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration _____
Nephritis Chronic **6 yrs.**

Due to _____

Due to **131**

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

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **Walter J. Kelly** (Specify type of place) _____
While at work? _____ (b) Means of injury _____

(M. D. or other) _____

Address **9915 Gravois** Date signed **Oct 23 1948**

(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 Frank J. Quinn

Licensed Embalmer No. 2245

P. O. Address St Louis 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.