. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37889

FILED DEC 14 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10503

1. PLACE OF DEATH:

(a) County ~~None~~

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

(c) Name of hospital or institution: Enroute ~~D.O.A.~~ HOMER G. PHILLIPS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4022 North Market St.
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME BORDEAUX, Dolores M.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --

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

7. Birth date of deceased June 14th, 1932
(Month) (Day) (Year)

8. AGE: Years 16 Months 5 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Baby Sitter

11. Industry or business

FATHER
12. Name Dalton Bordeaux
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Selena Siegel
15. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Selena Bordeaux
(b) Address 4022 North Market St.

17. (a) Burial (b) Date thereof 12/4/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Saint Peter Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) DEC 3 1948 (b) J B Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th, year 1948 hour 3 minute 45 p.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Shotgun wound of Aorta and left kidney, when a shot gun which one Sylvester Singleton (Col) was showing the deceased, accidentally discharged, around 3:30 P.M. Nov. 28, 1948.

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11/28/48

(c) Where did injury occur? St. Louis (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 3
(Specify type of place)

While at work? No (e) Means of injury see above

23. Signature Selena S. Siegel (Title of officer)

Address 1300 Clark Avenue Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 R Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.