

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35689**

Reg. No. **87125**  
FILED NOV 10 1950

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>2550</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS. MO.</b>		c. LENGTH OF STAY (In this place) <b>78 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EAST ST. LOUIS</b>		9120 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET. ADM. HOSP.</b>				d. STREET ADDRESS (If rural, give location) <b>605 N. 89th St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOMER</b>		b. (Middle) <b>H.</b>		c. (Last) <b>BORCHERDING</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10/20/50</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>3/29/91</b>		9. AGE (In years last birthday) <b>59</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 WKS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <b>Oakdale, Ill. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charles Borcharding</b>		13b. MOTHER'S MAIDEN NAME, <b>Julia Guy</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>World I 48055906</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>V. A. HOSPITAL RECORDS</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastro-intestinal Hemorrhage - Location &amp; cause of hemorrhage not determined.</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Generalized Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>4/2x</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>10/20/50 V.A. 4:30 P.M.</b>	
21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>8/4</b> , 19 <b>50</b> , to <b>10/20</b> , 19 <b>50</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harry A. W. Miller M.D.</b>				23b. ADDRESS <b>V.A. HOSP. JEFF. BRKS. MO.</b>		23c. DATE SIGNED <b>10/20/50</b>	
24a. BURIAL OR CREMATION REMOVAL <b>5</b>		24b. DATE <b>Oct 23, 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>		24d. LOCATION (City, town, or county) (State) <b>Nashville Ill.</b>	
DATE REC'D BY LOCAL REG. <b>10-21-50</b>		REGISTRAR'S SIGNATURE <b>Edmond M. O'Connell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edmann</b>		ADDRESS <b>Nashville, Ill.</b>	

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

NOV 10 1957

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Elmer P. Padwell

Signed.....  
Student Embalmer

Licensed Embalmer No. 4077

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, fact should be so stated above.