

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17848**
Registrar's No. **4828**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No. 4828			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lovejoy		8/20			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 715 Canal					
3. NAME OF DECEASED (Type or Print) Sim			a. (First)		b. (Middle) Borders		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) May 20 1951		5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)		8. DATE OF BIRTH 1888 Dec. 26, 1888	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Meridian, Miss.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henry Borders			13b. MOTHER'S MAIDEN NAME Rhoda Young			14. NAME OF HUSBAND OR WIFE Creola Borders			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 705-01-5112		17. INFORMANT'S SIGNATURE OR NAME Creola Borders ADDRESS 715 Canal Lovejoy, Ill.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosclerosis				INTERVAL BETWEEN ONSET AND DEATH Undet.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Azotemia					
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) _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HH6X					
22. I hereby certify that I attended the deceased from 4-23 , 19 51 , to 5-20 , 19 51 , that I last saw the deceased alive on 5-20 , 19 51 , and that death occurred at 10:50 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE Robert Bacon (Degree or title) M. D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 5-22-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) St. Clair County, Ill.			
DATE REC'D BY LOCAL REG. MAY 23 1951		REGISTRAR'S SIGNATURE J. B. Lacey		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son ADDRESS 3133 Bell Ave.					

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

Cause of death
1888-51
HH6X

11/11/11

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.....

S. J. Matyer

Signed.....
Student Embalmer

Licensed Embalmer No. *2491*

P. O. Address *2769 Chestnut*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 17848 51

State of..... }
County of..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4828

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth death
for **Sim Borders** died **5-20-1951**, 19....., in the State of
~~born~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. **8** should read **D^Uc. 26 1888**

Instead of..... **Dec. 26 1899**

Item No..... should read **Ahe 62**

Instead of..... **51**

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

James H. Randle Funeral Director
Relationship.

3133 Belle

Present Address.

Subscribed and sworn to before me this *29* day of *June*, 19*51*

My Commission expires *3-1-53*

John P. Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.