

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21656

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2114

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis Co | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch, Mo | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129 | |
| c. LENGTH OF STAY (In this place) 24 1/2 Mo. | | d. STREET ADDRESS (If rural, give location) 5130 Delmar 17 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital | | | |

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|--|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) G. c. (Last) Borman | | | 4. DATE OF DEATH (Month) (Day) (Year) May 8 1951 | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | |
| 8. DATE OF BIRTH 10-17-86 | | 9. AGE (In years last birthday) 64 | | 10. UNDER 1 YEAR Months _____ 11. UNDER 1 HR. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) elevator operator | | 10b. KIND OF BUSINESS OR INDUSTRY Fisher Body Corp. | | 11. BIRTHPLACE (State or foreign country) Chicago, Ill | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME William G. Borman | | 13b. MOTHER'S MAIDEN NAME Catherine Downs | | 14. NAME OF HUSBAND OR WIFE Mabel Harrison | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 490-05-0066 | | 17. INFORMANT'S SIGNATURE OR NAME Robert G. Borman ADDRESS _____ | |

| | | | | | |
|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary tuberculosis | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | |
| | | DUE TO (b) _____ | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ | | | |
| | | DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | |

| | | | | | |
|--|--|--|--|--|--|
| 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) 002K | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 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 **4-20**, 19**48**, to **5-8**, 19**51**, that I last saw the deceased alive on **5-8**, 19**51**, and that death occurred at **7:08am.**, from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE Robert G. Borman (Dr.) (Degree or title) | | 23b. ADDRESS Robert Koch Hosp | | 23c. DATE SIGNED 5/9/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 5/12/51 | | 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM. | |
| 24d. LOCATION (City, town, or county) ST. LOUIS, Mo | | 24e. FUNERAL DIRECTOR'S SIGNATURE MULLEN | | 24f. ADDRESS CONS 165 DELMAR | |
| DATE REC'D BY LOCAL REG. 5-9-51 | | REGISTRAR'S SIGNATURE Robert G. Borman (Dr.) | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 5130 Delmar
 Robert Koch Hospital
 St. Louis Mo. 644 Mo. 644 Mo.
 May 8 1981
 Borman G. William
 10-17-88 widowed
 male
 USA Chicago, Ill. Fisher Body Corp. Elevator operator
 white

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
 Student Embalmer

Signed *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.