

FILED JUL 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24295

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 5689	
1. PLACE OF DEATH a. COUNTY _____				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 town or township) St. Louis Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo 2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION De. Paul Hosp.				d. STREET ADDRESS (If rural, give location) 5239 Lotus			
3. NAME OF DECEASED (Type or Print) a. (First) Donald		b. (Middle) J		c. (Last) Borrini		4. DATE OF DEATH (Month) (Day) (Year) 6 22 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-18-1927	
9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months 3		IF UNDER 12 HRS. Mln. 20			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY? Yes							
13a. FATHER'S NAME Harry Borrini			13b. MOTHER'S MAIDEN NAME Idell Wagner		14. NAME OF HUSBAND OR WIFE Betty Borrini		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World # 2		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Betty Borrini ADDRESS 5239 Lotus			
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) Smoking from Pulmonary Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Seminoma of Testicle (Rt) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Also Abdominal Metastases				INTERVAL BETWEEN ONSET AND DEATH 6 mo. 10 mo. 8 mo.	
19a. DATE OF OPERATION 18 Jul 50		19b. MAJOR FINDINGS OF OPERATION See (b) above				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? 178X			
22. I hereby certify that I attended the deceased from 5 hour , 19 50 , to 22 June 1951 , that I last saw the deceased alive on 22 June 1951 , and that death occurred at 7-20 PM from the causes and on the date stated above.							
23a. SIGNATURE J. Ernest Jensen, M.D. (Degree or title) _____				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 23 Jun 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-25-1951		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. JUN 24 1951		REGISTRAR'S SIGNATURE J. B. Parster		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Bros 2849 N. Euclid ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Robert L. Brunkman*
Licensed Embalmer No. *3555*

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.