

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25472**

FILED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. **309** PRIMARY REG. DIST. NO. **6000** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY ST. CHARLES 0920		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2189	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-PORTAGE TWP. c. LENGTH OF STAY (In this place) 1 HR.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKE-NEAR WEST ALTON, MO.		d. STREET ADDRESS (If rural, give location) 2904 Clark Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Rev. Austin	b. (Middle) A.	c. (Last) Bork S.J.	4. DATE OF DEATH (Month) (Day) (Year) JULY 27, 1952
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 4, 1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest- Religious.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tiffin, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John P. Bork	13b. MOTHER'S MAIDEN NAME Emma Gafe	14. NAME OF HUSBAND OR WIFE. None
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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. None	17. INFORMANT'S SIGNATURE OR NAME Rev. Valentine Roche	ADDRESS 221 No. Grand
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Due to Accidental drowning		
	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. E9294 42		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LAKE	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) PORTAGE ST. CHARLES MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 27-32 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? WHILE SWIMMING IN LAKE
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22. I hereby certify that I attended the deceased from **7-27-52** to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:30 P.M.**; from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Miss Mary Pivone	23b. ADDRESS Wentzville Mo	23c. DATE SIGNED 7-27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-30-52	24c. NAME OF CEMETERY OR CREMATORY St. Stanislaus Seminary	24d. LOCATION (City, town, or county) (State) Florissant, Mo.
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DATE REC'D BY LOCAL REG. Aug 2nd 1952	REGISTRAR'S SIGNATURE HW Gross	FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Landell St
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 12 1962

VS JUN 10 1960

VS JUN 15 1960

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm. L. Sabon

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.