

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

2873

FILED FEB 3 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0676

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 5740 Theodosia Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) F. c. (Last) BORAH		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 20, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov. 14, 1887
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver	
11. BIRTHPLACE (City and State or Foreign Country) Fairfield, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel C. Borah		13b. MOTHER'S MAIDEN NAME Ella Ann Clutter	
14. NAME OF HUSBAND OR WIFE Jessie Borah-wife		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 Mrs. Jessie Borah	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis 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. Chronic pyelonephritis 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION uremia		19. ADDRESS 5740 Theodosia Ave.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 334X		22. I hereby certify that I attended the deceased from 1-13-53, 19, to 1-20-53, 19, that I last saw the deceased alive on 1-20-53, 19, and that death occurred at 7:40A m., from the causes and on the date stated above.	
23a. SIGNATURE John H. McElroy		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 1-20-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1-23-53		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	
25. ADDRESS 1125 Hodiamont Ave.		DATE REC'D BY LOCAL REG. JAN 21 1953	

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

m83. (Licensed Embellisher's Statement on Reverse Side)

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

J. W. Bankley

Licensed Embalmer No. *13153*

P. O. Address *St. Louis 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.