5. SEX 6. COLOR OR RACE 7. MARRIED. NEW HARRIED. 8. DATE OF BIRTH 7. MARRIED. NEW HOUNDED DIVORCED (Speedty) MOY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1050	THE DIVISION						28	ソファ
PRIMARY REG. DIST. NO. DIST. NO. COUNTY I. PLACE OF DEATH I. COUNTY b. CITY (If coulde comparise Unite, write RURAL and give of Recomplete Unite, write RURAL and give of Recomplete Unite, write RURAL and give of Recomplete Unite. Write RURAL and give ownship: To Recomplete Unite. Write RURAL and give ownship: To Recomplete Unite. R	EILED FEB 3	1909			ICATE OF	DEATH	Sta	te File No		•
1. FLACE OF DEATH 2. COUNTY 3. COUNTY D. CITY (If estable corporate limits, write RURAL and give township) TOWN St. Louis, Missouri Developed township STAY (is this phero STAY (is this p			REG. DIST. NO	<u>318</u>	PRIMARY REG. D	15T. NO 10	23_ Ke	gistrar's No	_06	76
D. CITY (If enudds corporate limits, write RURAL and dree ORN St. LOUIS, MISSOURT TOWN St. LOUIS, MISSOURT TOWN St. LOUIS, MISSOURT TOWN St. LOUIS, MISSOURT TOWN St. LOUIS CITY ADDRESS G. FIRET ADDRESS G. COLOR OR RACE F. BORAH DORAN JANUARY 20. F. BORAH NOT JANUARY 20.	I. PLACE OF DE	VTH							Litution: re	sidence befor admission
MOSPITAL OR NOTITION St.; Louis City Hospital (ADDRESS 5740 Theodosia Aye.) NAME OF DECEASED (Type or Print) JAMES F. BORAH (ADATE (Atomith) (Day) DECEASED (Type or Print) JAMES F. BORAH (ADATE (Atomith) JANUARY 20. S. SEX 6. COLOR OR RACE 7. MARRIED. DIVORCED. (Geodatr) Most print of the Most	OR		township) STAY	ENGTH OF	c. CITY (If ourse OR TOWN					9
DECEASED DECEASED (First)	d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS		-	sia Av	0	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Married Ma					• •	,	4. DATE	(Month)	(Day)	(Year) 1953
10. KIND OF BUSINESS OR INDUSTRY THICK CITYER 10. KIND OF BUSINESS OR INDUSTRY 10. KIND OF BUSINESS 10. CAUTH OF FEBRUARY 10. CAUTH OF FEBRUA	5. SEX 0 6.	COLOR OR RACE	7. MARRIED, NEVER I	MARRIED.	8. DATE OF BIRT	•	9. AGE (In)	PERTY IF UNDER	I TEAR ! F	tente a us.
SAME SAMUEL C. BOT AN SAME SEMBLE I 33. MOTHER'S MAIDEN NAME SEMBLE C. BOT AN SAME SEMBLE C. BOT AND SAME	a. USUAL OCCUPATION	ON (Give kind of work		ESS OR IN- DUSTRY		(City and Stat	e er Fereign C	austry)	COUNT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Proposed in the control of t	3a. FATHER'S NAME	_				14. NA	AE OF HUSBA	_	Ē	
IB. CAUSE OF DEATH Enter only one occuse per lines for (a), (b), and (c) "This does not mean the mode of dying, such as heart fellure, cathenia, tic. It means the disc. It means the d	15. WAS DECEASED EVI	ER IN U.S. ARMED	FORCES? 16. SOCIAL of service)	SECURITY NO.	17. INFORMA	NT'S SIGN	ATURE OR	NAME	A	DDRESS
Morbid conditions, if any, giving DUE TO (b) as heart failure, authentia, atc. it means the dis- aux. injury, occupied the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition conting death. 19h. MAJOR FINDINGS OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (a.e. in or about 1) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	18. CAUSE OF DEATH Enter only one cause per	DIRECTLY LEAD	ONDITION (a)		ERTIFICATIO	· η	cir,		INTERV	AL BETWEEN AND DEATH
tion which caused death. 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 21c. (CITY. TOWN, OR TOWNSHIP) 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY. TOWN, OR TOWNSHIP) 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY. TOWN, OR TOWNSHIP) 21c. (COUNTY) 21d. TIME 19b. MAJOR FINDINGS OF OPERATION 21d. (CITY. TOWN, OR TOWNSHIP) 19b. MAJOR FINDINGS OF OPERATION 21d. (CITY. TOWN, OR TOWNSHIP) 19b. MAJOR FINDINGS OF OPERATION 21d. (CITY. TOWN, OR TOWNSHIP) 19b. MAJOR FINDINGS OF OPERATION 21d. HOW DID INJURY OCCURT. 33 35 35 36 36 36 36 36	the mode of dying, such le beart failure, asthenia, rise to the above cause (a) stating the underlying cause last.								· ···	
TION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME (Month) (Day) (Ton) (Bour) 21a. INJURY OCCURRED OF WORK NOT WHILE 1NJURY 21f. How did injury occurr. 22f. How did injury occurr. 22f. How did injury occurr. 23d. Thereby certify that I attended the deceased from 1-13-53, 19 to 1-20-53 19 that I last saw the alive on 1-20-53 19 and that death occurred at 7:40A m., from the causes and on the date stated above. 22a. Signature 24b. Date 24c. Name of cemetery or crematory 24d. Location (City, town, or county) 22a. BURIAL. CREMA 24b. DATE 24c. Name of cemetery or crematory 24d. Location (City, town, or county) DATE RECT BY LOCAL RESISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE 25: FUNERAL		Conditions contributing to the death but not								·
SUICIDE HOMICIDE Plot. TIME (Month) (Day) (Tear) (Hour) 21a. INJURY OCCURRED WHILE WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE 10. TIME (Month) (Day) (Tear) (Hour) 21a. INJURY OCCURRED WHILE WORK NOT WHILE 10. TIME (Month) (Day) (Tear) (Hour) 21a. INJURY OCCURRED WHILE 10. TIME (Month) (Day) (Tear) (Hour) 21a. INJURY OCCURRED WHILE 10. TIME (Month) (Day) (Tear) 21a. INJURY OCCURRED WHILE 10. TIME (Month) (Day) (Tear) 21a. INJURY OCCURRED WHILE 10. To While A to Month 10. Mont	19a. DATE OF OPERA- TION	196, MAJOR FIN	DINGS OF OPERATION	क के का प्र ज	0	we	dia	11 12 1 12 1 	1	IOPSY?
INJURY WHILE AT WORK NOT WHILE 120-53 19 , that I last saw the alive on 1-20-53 19 , that I last saw the alive on 1-20-53 19 , and that death occurred at 7:40A m., from the causes and on the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (OHY, town, or county) DATE RECO BY LOCAL 1-23-53 Laurel Hill Cemetery St. Louis Co. Mo. DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 25c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	IIa. ACCIDENT SUICIDE HOMICIDE	(Specify)			21c. (CITY, TOW	n, or townshi	P)	(COUNTY)	. (2	TATE)
alise on 1-20-53, 19, and that death occurred at 7:40A m., from the causes and on the date stated above. 23c. Signature (Degree or title) 23b. ADDRESS 25c. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25d. MO. 25d. Publish Co. Mo. 25d. Funeral Director's Signature 25d. Mo. 25d. Publish Co. Mo. 25d. Funeral Director's Signature 25d. Funeral Director's Signature 25d. Mo. 25d. M	IId. TIME CHIMA OF INJURY	(Day) (Tear)	WHILEAT N	OT WHILE	21f. HOW DID IN	LIURY OCCURT		• •	33	34X
226. SIGNATURE (Degree or title) 236. ADDRESS 1515 Lafayette Avenue 1-20- 246. BURIAL, CREMA- TION, REMOVAL 18	22. I hereby certify alive on $_{\star}1^{-2}$	that I allended (0-53, 19							d above.	·
Tion REMOVAL PARTY 1-23-53 Laurel Hill Cemetery St. Louis Co. Mo. DATE RECT BY LOCAL REGISTRAR'S SIGNATURE ADDRESS JAN 2 1 195 BEG. Call Mutt MO Jos. W. Clark 1125 Hodiamont Ave.		hel	Vallais	ree or title)	1				1-20	TE SIGNED
DATE RECT BY LOCAL REGISTRAR'S SIGNATURE ADDRESS JAN 2 1 195 BEG. REGISTRAR'S SIGNATURE ADDRESS JAN 2 1 195 BEG. 1125 Hodiamont Ave.	TION REMOVAL CREM	1-23-53	1		Cenetery	St.L	ouis Co		nty)	(State)
W THE DATE OF THE PARTY OF THE			SIGNATURE /	1)40	25. FUNERAL D	IRECTOR'S	GNATURE	Al		
2013. (Licensed Embalance's Statement on Reverse Side)		1 -m	93, (Licensed	Embelmer's	Statement on Rever	er Side)				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose n	ame is record	ed on the	reverse side o	f this c	ertificate v	vas embalm	ed by me,	or by	
					Student	Embalmer	Ho		·
working under my personal supervision.		•						.,.	•

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.