

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38559

FILED NOV 22 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10237**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) (township) **3 weeks**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Jewish Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Illinois** b. COUNTY **St. Clair**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **E. St. Louis**
d. STREET ADDRESS (If rural, give location) **570 N. 12th Street**

3. NAME OF DECEASED
a. (First) **ANITA** b. (Middle) **M** c. (Last) **BORGER**

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 11 1954

5. SEX **Female**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Nov. 20, 1906**

9. AGE (In years last birthday) **47** IF UNDER 1 YEAR Months **11** Days **21** IF UNDER 24 HRS. Hours **11** Mins. **21**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Secretary**

10b. KIND OF BUSINESS OR INDUSTRY **Horner & Shifrin Engineers**

11. BIRTHPLACE (State or foreign country) **E. St. Louis, Illinois**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Harry L. Michael**

13b. MOTHER'S MAIDEN NAME **Minnie E. Trevey**

14. NAME OF HUSBAND OR WIFE **Otto Borger**

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. **493-01-4463**

17. INFORMANT'S SIGNATURE OR NAME **Darline O'Neill** **ADDRESS** **Normandy, Missouri**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Adeno carcinoma ft. breast**
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. **Metast. to liver**

INTERVAL BETWEEN ONSET AND DEATH
18-24 mo
1 mo

19a. DATE OF OPERATION **Aug 53**

19b. MAJOR FINDINGS OF OPERATION **Adeno Car. breast c met. to axilla**

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **170X**

22. I hereby certify that I attended the deceased from **Aug 1953**, **to** **11 Nov 1954**, **that I last saw the deceased alive on** **11 Nov 1954**, **and that death occurred at** **9:45 a. m.**, **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **Clarence Teekat MD**

23b. ADDRESS **539 N. Grand Ave**

23c. DATE SIGNED **11/11/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation**

24b. DATE **11-11-54**

24c. NAME OF CEMETERY OR CREMATORY **Valhalla Crematory**

24d. LOCATION (City, town, or county) **St. Louis Co., Mo** (State)

DATE REC'D BY LOCAL REG **NOV 12 1954** **REGISTRAR'S SIGNATURE** **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE **W. R. ...** **ADDRESS** **E. St. Louis Mo**

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

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

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3167

P. O. Address East St. Louis

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.