

FILED AUG 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. **28349**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1797**

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Missouri b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton, MO.		c. CITY OR TOWN WELLSTON University City	
c. LENGTH OF STAY (in this place) DOA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute County, Hosp.		STREET ADDRESS (If rural, give location) 6292a Bartmer	

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Catson c. (Last) Borah			4. DATE OF DEATH (Month) (Day) (Year) 8 - 1 - 55		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 4, 1868		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Mtn.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Retail Coal Dealer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Illinois,			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME George Borah		13b. MOTHER'S MAIDEN NAME Mary Catson		14. NAME OF HUSBAND OR WIFE Ella Borah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Borah, 6292a Bartmer U. City, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Antegrade Cardiac Failure ANTECEDENT CAUSES disease Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7-25**, 19**55**, to **8-1**, 19**55**, that I last saw the deceased alive on **8-1-55**, and that death occurred at **9:20 pm**, from the causes and on the date stated above.

23a. SIGNATURE G. E. Smith, M.D.		23b. ADDRESS 601 S. Brentwood		23c. DATE SIGNED 8/2/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-2-55		24c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery	
24d. LOCATION (City, town, or county) (State) Albion, Illinois,		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

DATE REC'D BY LOCAL REG. **8/3/55** REGISTRAR'S SIGNATURE **Herbert R. Domke, M.D.** LICENSED Embalmer's Statement on Reverse Side

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J Wm Pembler*.....

Licensed Embalmer No. *36*.....

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.