

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9943

State File No.

BIRTH NO. FILED APR 12 1957 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2765

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 38 D.O.A. City Hospital		e. STREET ADDRESS (If rural, give location) 3109 3812 No. Grand Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) R.	c. (Last) BORO
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 9 1884		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Painter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Memphis Tenn.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Julia Dinan
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	

16. SOCIAL SECURITY 493-10-4513		17. INFORMANT'S SIGNATURE OR NAME Dan Boro 4242a Holly Ave.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy Cerebral apoplexy ANTECEDENT CAUSES Generalized Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Arteriosclerosis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Cardiac decompensation Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation. 334x		INTERVAL BETWEEN ONSET AND DEATH immediate several yrs. 2 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 19 53, to Dec 26, 19 56, that I last saw the deceased alive on Dec 26, 19 56, and that death occurred at 8:42 a.m., from the causes and on the date stated above.

23a. SIGNATURE Leonard J. Kopp (Degree or title) M.D.		23b. ADDRESS 6917 W. Florissant 6917 W. Florissant		23c. DATE SIGNED 20 Mar '57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/22/57	24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.				

DATE REC'D BY LOCAL REG. MAR 21 57		REGISTRAR'S SIGNATURE Charles Smith mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's 10428 Halls Ferry Rd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

H. J. Stein
6417 N. Flor,
LN 31100

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.....

Licensed Embalmer No. 307

P. O. Address.....

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.