

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037429

FILED VS NOV 3 1959

2 9784

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 730 Baden Ave		d. STREET ADDRESS (If outside, give location) 730 Baden Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First FRANK Middle J. Last BORG			4. DATE OF DEATH Month October Day 25th , Year 1959		
---	--	--	---	--	--

5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/1/92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	-----------------------------------	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Postal Employee	10b. KIND OF BUSINESS OR INDUSTRY U.S.P.O.	11. BIRTHPLACE (City and state or country) Mascoutah, Ill	12. CITIZEN OF WHAT COUNTRY USA
---	--	---	---

13a. FATHER'S NAME Ignatz Borg	13b. MOTHER'S MAIDEN NAME Genevieve Krassig	14. NAME OF HUSBAND OR WIFE Helene Borg
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs give year or dates of service) WW I	16. SOCIAL SECURITY NO. 19965317	17. INFORMANT Helene Borg, 730 Baden Ave.,
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Anterior Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 8 yrs 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Styptentation -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour _____ a.m. / p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	--	--	------------------------------	--------	-------

21. I attended the deceased from **1947** to **Oct 25-59** and last saw her/him alive on **Oct 20-1959**
Death occurred at **4:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. P. Morris MD (Degree or title)	22b. ADDRESS 8209th Broadway	22c. DATE SIGNED 10-16-59 (State)
--	---	---

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10/28/59	23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks,	23d. LOCATION (City, town, or county) St. Louis Co., Mo
---	------------------------------	--	---

24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 26 1959	26. REGISTRAR'S SIGNATURE Keal Smith, M.D.
---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Edward P. Pennington*

Licensed Embalmer No. 4283

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.