

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015824

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1221

FILED MAY 8 1961

1. PLACE OF DEATH
 a. COUNTY ST LOUIS
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAYTON Length of stay in lb DOB
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LOUIS CO HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY ST LOUIS
 c. CITY OR TOWN WOODSON TERRACE Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 9624 HILLY JEAN Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last REINHOLD BORTH
 4. DATE OF DEATH Month Day Year 5-1-61
 5. SEX MALE
 6. COLOR OR RACE WHITE
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 4-15-1906
 9. AGE (last birthday) 55
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUTH. MINISTER
 10b. KIND OF BUSINESS OR INDUSTRY RELIGION
 11. BIRTHPLACE (City and state or country) ROMANIA
 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME CHRISTIAN BORTH
 13b. MOTHER'S MAIDEN NAME CHRISTINA REHL
 14. NAME OF HUSBAND OR WIFE LEONIE BORTH
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO
 16. SOCIAL SECURITY NO. none
 17. INFORMANT Address LEONIE BORTH 9624 HILLY JEAN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Occlusion
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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 NOT WHILE AT WORK
 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 MARCH 1958 to MAY 1961 and last saw him alive on April 3, 1961
 Death occurred at 11:52 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. G. Wullerky, M.D.
 22b. ADDRESS 8711 ST. Charles MO
 22c. DATE SIGNED 5/2/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
 23b. DATE 5-4-61
 23c. NAME OF CEMETERY OR CREMATORY OAK GROVE
 23d. LOCATION (City, town, or county) (State) ST LOUIS CO. MO

24. FUNERAL DIRECTOR ADDRESS EARL HILLEMANN OVERLAND
 25. DATE RECD. BY LOCAL REG. 5-2-61
 26. REGISTRAR'S SIGNATURE John B. Muffley M.D.

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION

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 Earl J. Hillerman

Licensed Embalmer No. 3501

P. O. Address Overland 147m

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.