

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

13066

Do not use this space.

Registered No. 3408

1. PLACE OF DEATH

(a) County 1 Registration District No. 1
 (b) Township 1 Primary Registration District No. 1
 (c) City St. Louis (d) Street No. 4367 Wallace St. 15
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

616 Gail A. Borberg
 (a) Residence, No. 4367 Wallace St. 15 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Borberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. house wife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER 13. NAME John McLaughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Hallie Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Arthur Borberg
4367 Wallace Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Bur. Pk. DATE 4-13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Witt Bros L & C
2929 S. Jefferson Av.

20. FILED APR 12 1939
J. D. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1939, to Apr 11 1939

I last saw him alive on Apr 10 a.m., 19... Death is said to have occurred on the date stated above, at 2 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast
h

Date of onset 1934

Other contributory causes of importance: Carcinoma of lung 11/39

Name of operation sp. Breast Date of 1934

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edith E. [Signature], M. D.

(Address) 2924 S. Jefferson Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Paul G. Shanklin

....., or by

Registered Apprentice No., working under my personal supervision.

Signed..... *Paul G. Shanklin*

Licensed Embalmer No. *3479*

P. O. Address *2994 S. Jefferson*

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, above space should be left blank.