DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20669

JUL 12 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 5513

1. PLACE OF DEATH: 1003

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution June 9, 1939 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis 1 | 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1614 Franklin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Janie Borden

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luke Borden

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October (Month) 25 (Day) 1899 (Year)

8. AGE: Years 39 Months 7 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation nil

11. Industry or business

MOTHER FATHER

12. Name Henry Irving

13. Birthplace (City, town, or county) N. Carolina (State or foreign country)

14. Maiden name Julia Howard

15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Merton Borden

(b) Address 1614 R. Franklin Ave

17. (a) Washington Park (Burial, cremation, removal) (b) Date thereof June 21 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. L. Garner

(b) Address 2839 Washington Ave.

19. (a) JUN 21 1939 (Date received by registrar) (b) J. B. Beckett (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1939 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 9, 1939, 19..., to June 16, 1939, 19..., that I last saw her alive on June 16, 1939, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 3-5 days

Due to unknown

Due to

Other conditions --- (Include pregnancy within 3 months of death)

Major findings: Of operations ---

Of autopsy See cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)

Address 2601 N. Vandeventer Date signed 6/20/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK. WRITE IN PRINTED LETTERS. DO NOT ERASE.

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

I X19811

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Arthur R. Hellhard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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.