

Registration District No. **7911**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **Saint Louis, Missouri.**
(c) Name of hospital or institution: **Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Emma Borisch**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **August Borisch** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 17 1863.**
(Month) (Day) (Year)

8. AGE: Years **77** Months **5** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant's own signature **Arthur Borisch**

(b) Address **3818-A South Broadway**

17. (a) **Burial** (b) Date thereof **Nov. 11-1940.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Prak Lawn Cemetery**

18. (a) Signature of funeral director **Ziegenhain Bros**

(b) Address **2623 Cherokee Street.**

19. (a) **NOV 9 1940** (b) **J. A. Borisch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____
(c) City or town **Saint Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3828 Indiana Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **7th.**
year **1940.** hour **2** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **Nov. 29**, 19**40** to **November 7**, 19**40**
that I last saw her alive on **11/7/40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Chronic Nephritis Hypertension.**

Due to _____

Other conditions **Myocarditis**
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. A. Borisch** (M. D. or other) _____

Address **3800 So. Broad** Date signed **11/7/40**

Duration **3 d.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, or by.....

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

working under my personal supervision.

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.