S. No. 2
—4-13-40
5-17-39
PI X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12785
Registrar's No. 3215

Registration District No. 791 — Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: En Route to City Hospital #1 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 725
(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No. 615 Walnut St (If rural, give location)
(e) If foreign born, how long in U. S. A.? D years.

3. (a) PRINT FULL NAME Russell Borders
3. (b) If veteran, name war Yes World War
3. (c) Social Security No. UNKNOWN
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years About 50 | Months | Days | If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Unknown
11. Industry or business Unknown
FATHER 12. Name Unknownn
FATHER 13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Thomas Callaran
(b) Address Coroners Office
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 16 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Evansville Indiana
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) APR 14 1941 (Date received local registrar) (b) T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day April year 1941 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Coronary Sclersosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2
23. Signature Thomas F Callaran (M. D. or other)
Address Deputy Coroner Date signed 4/14/41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank D. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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, fact should be so stated above.