

DIED MAY 13 1941

Registration District No. **701**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
(Specify whether years, months or days) **12yrs.**

3. (a) PRINT FULL NAME **Don Borton**

3. (b) If veteran, name war **Unknown**
3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
6. (e) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Clara Belle** (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **January 27, 1881**
(Month) (Day) (Year)

8. AGE: Years **60** Months **2** Days **1**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Nil.**

11. Industry or business **Nil.**

12. Name **Curtis Borton**

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

14. Maiden name **Clarabelle (Unknown)**

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

16. (a) Informant _____

(b) Address **St. Louis City Hospital #1**

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **APR 15 1941** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **1725**
(If outside city or town limits, write "RURAL")
(d) Street No. **Globe Hotel**
112 1/2 N 7th (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-- 0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28**,
year **1941** hour **2:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 25**,
19**41** to **March 28**, 19**41**.

that I last saw him alive on **March 28**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes mellitus** Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations **59**

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? _____

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

23. Signature **W. H. Zippert** (M. D. or other) **0**

Address **1515 Lafayette Avenue**, Date **3/28/41**

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

0
1
9

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.