

FILED FEB 24 1942

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
708 Ann Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Ann Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Adria Nellie Borage

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

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

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

7. Birth date of deceased December 18 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 2 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Newton Austin

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

14. Maiden name Harriet Wheeler

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

16. (a) Informant Clarence Borage

(b) Address 5123 S. Compton Ave

17. (a) Burial (b) Date thereof Jan 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 329 Lafayette Ave

19. (a) Jan 24 1942 (b) J. J. Boudich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day January
year 1942 hour 12:20 minute P. M.

21. I hereby certify that I attended the deceased from Jan 17
1942 to Jan 20 1942
that I last saw him alive on Jan 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis

Due to.....
Other conditions (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 E. C. Cameron (M. D. or other)
Address 3870 Eastern Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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*Dr. E. E. Emerson
3872 Easton
Me-1158
1 to 3*

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 J. 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.