

FILED FEB 11 1942

Registration District No. 754

Primary Registration District No. 101

Registrar's No. 225

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Grand
(If outside city or town limits, write "RURAL")
(d) Street No. Wild Horse Creek Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ED BORRSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife hela 6. (c) Age of husband or wife if alive 1 years 1888
7. Birth date of deceased April (Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Caretaker

11. Industry or business _____

MOTHER FATHER { 12. Name Borre Borrson

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

14. Maiden name Ella Amosson

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

16. (a) Informant Jornal Borrson

(b) Address 6630 - Crest University City

17. (a) Burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Fee Cemetery

18. (a) Signature of funeral director Samman Bros. Inc.

(b) Address 2504 - Woodson Rd - Overland, Mo.

19. (a) JAN 20 1942 (b) C. H. Mc. Laurer
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Struck on back of head by limb of a tree while at work. Duration _____

Due to Fracture of 5, 6, 7, 8 & 9th ribs on left side, with

Due to pleurisy; Bilateral hydrothorax; subarachnoid hemorrhage.

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

Major findings:

Of operations _____
Of autopsy Yes 1952
1942

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) Accident

(b) Date of occurrence January 15, 1942

(c) Where did injury occur? Chesterfield, Mo.
(City or town) (County) (State)

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

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

23. Signature Don H. Boylston (M.D. or other)

Address Kirkwood, Mo. 1/28/42 Date signed _____

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

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.