

Registration District No. 318

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:  
City Sanitarium 9  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos 24 das.  
(Specify whether years, months or days)  
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100  
(c) City or town St. Louis 126  
(If outside city or town limits, write "RURAL") 96  
(d) Street No. 4923 Page Ave  
(If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country A

3. (a) PRINT CHARLES BORCHERS  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 494-05-3048

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 20 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 9 15 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Chemist

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Borchers.  
13. Birthplace Germany. Germany  
(State or foreign country) (State or foreign country)  
14. Maiden name Bertha Meifert  
15. Birthplace Germany Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler  
(b) Address 5400 Arsenal St  
17. (a) Burial (b) Date thereof April 7, 44.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Carpenter, Illinois.

18. (a) Signature of funeral director Robert Dehaus  
(b) Address 1451 Union Blvd.  
19. (a) APR 6 1944 (b) J. F. Wood  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1944 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from 10-11-43, 19\_\_\_\_, to 4-5-44, 19\_\_\_\_; that I last saw him alive on 4-5-44, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Larynx Duration 1943x

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy NO

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 James H. G. [unclear] (M. D. or other) Address 5400 Arsenal St. Louis Date signed 4-5-44

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

10/15/14

19

*Handwritten scribble*

**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 *Travis Heber*

Licensed Embalmer No. *2957*

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.**