

V. S. No. 2
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Rev. 5-17-39
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28463

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6805**

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:
8314 Minnesota
(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) (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **8314 Minnesota**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Michael Borg**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **1**
year **1946** hour **12.30** minute **A.** M.
21. I hereby certify that I attended the deceased from **July 3**
19**46** to **July 1** 19**46**
that I last saw him alive on **July 1** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Amalia** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 21 1892**
(Month) (Day) (Year)

Immediate cause of death **arteriosclerosis**
Due to _____
Due to **97**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
94 **4** **10** hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Painting Contractor**

11. Industry or business _____
12. Name **Ignatz Borg**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Martin**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Adeline Borg**
(b) Address **8314 Minnesota**

17. (a) **Burial** (b) Date thereof **8/5/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **GreenMount, Belleville**

18. (a) Signature of funeral director **Jos. P. Fendler Jr.**
(b) Address **7128 Michigan Ave.**

19. (a) **AUG 3 1946** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

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 _____
Signature **J. F. Bredek** (M. D. or other)
Address **6329 V. Ave.** Date signed **8/7/46**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

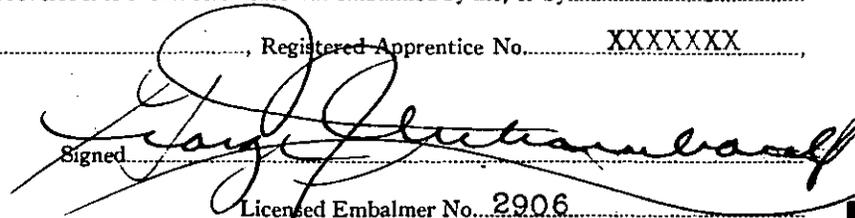
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FILED AND SUB...

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.....

..... **George N. Archambault**, Registered Apprentice No. **XXXXXXX**,
working under my personal supervision.

Signed 

Licensed Embalmer No. **2906**

P. O. Address **7128 Michigan Ave.**

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.