

S. No. 2  
M-5-43  
5-17-39  
I X3667

State File No. ....

FILED JUN 14 1947  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5516

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

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:  
City Hospital #1  
(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 000

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand Blvd.  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Dora Borland

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 Widowed

6. (b) Name of husband or wife John

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

7. Birth date of deceased Feb. 16, 1856  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd  
year 1947 hour 1 minute 40 A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>3</u>	<u>17</u>	hr. min.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Herman Spieler

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

14. Maiden name Don't know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Ludivine

(b) Address 3400 So. Grand Blve.

17. (a) Burial (b) Date thereof 6/4/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter and Paul C

18. (a) Signature of funeral director Gebken-Benz Mort.

(b) Address 2842 Meramec St.

19. (a) JUN 3 1947 (b) J. F. Predeck  
(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)

(a) Means of injury.....

23. Signature Patrick E. Taylor  
(Physician or other)

Address 1300 Clark Date signed 6-3-47

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**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.....me.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....Loron E. Percy.....

Licensed Embalmer No.....4094.....

2842 Meramec ST.

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.**