

No. 300
10-47
5-17-39
I 3906

FILED SEP 7 1948
Registration District No. 387

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 83 Days
(Specify whether years, months or days)

In this community 83 Days
(years, months or days)

3: (a) PRINT FULL NAME BORISCH, Charles

3. (b) If veteran, name war WW-1

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 1 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>11</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Janitor

11. Industry or business _____

12. Name August Borisch

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

14. Maiden name Emma Commer

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

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 8/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l. Cem. Jeff. Bks. Mo.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 781 1/2 S. Bdw. St. Louis, Mo.

19. (a) 8-12-48 (b) Charles A. Hoffmeister
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 151 President Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1948 hour 11:22 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 18, 1948 to August 9, 1948;
that I last saw h. im alive on August 9, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death MASSIVE RETROPERITONEAL FIBROMYXOSARCOMA, RIGHT ABDOMINAL GUTTER Duration Unk

Due to 46 m

Contributory cause: Emaciation

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

Major findings: _____

Of operations _____

Of autopsy Autopsy performed (See cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(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) _____ (Specify means of injury)

23. Signature L. E. Stilwell (M. D. 2866)

Address VAH, Jeff. Bks. Mo. Date signed 8/10/48

STATE OF NEW YORK
DEPARTMENT OF HEALTH

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 *Hairy J. Schumacher*
Licensed Embalmer No. 2679
P. O. Address: 70 14 S. Broadway

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.