

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6016

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1163

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>12 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis 2739</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1716 Waverly Place</u>		d. STREET ADDRESS (If rural, give location) <u>23 1716 Waverly Place</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>	b. (Middle) _____	c. (Last) <u>Borders</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 6-1950</u>
5. SEX <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Apr. 1-1848</u>
9. AGE (In years last birthday) <u>101</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Pike County, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Henry Borders</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Borders 1716 Waverly Place</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic pyelonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>3 yrs.</u> <u>3 yrs.</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Nov 10, 1948</u> to <u>Feb 6, 1950</u> , that I last saw the deceased alive on <u>Feb 6, 1950</u> , and that death occurred at <u>12:00 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. Belmont</u> M.D.	23b. ADDRESS <u>2026 S. 9th</u>	23c. DATE SIGNED <u>2/6/50</u>	
24a. BURIAL, CREMATION; REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Washington, Indiana</u>
DATE RECD BY LOCAL HEALTH DEPT. <u>FEB 8 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Lanster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M'Laughlin Funeral Home 2301 Lafayette</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James P. Chapman*

Licensed Embalmer No. *4550*

P. O. Address *Webster Grove, 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.