

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29799

FILED AUG 31 1953

State File No. 7660

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|---|----------------------------------|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7660 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, | | | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | | | d. STREET ADDRESS (If rural, give location) 27 2007a Utah St. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Bertha | | b. (Middle) --- | | c. (Last) Borek | |
| 4. DATE OF DEATH | | (Month) Aug. 3, | | (Day) 1953. | | (Year) | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 18, 1882 | | 9. AGE (In years last birthday) 71 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (State or foreign country) Witt, Illinois. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Fred Baumann | | | 13b. MOTHER'S MAIDEN NAME Dorothy Beck | | | 14. NAME OF HUSBAND OR WIFE Anthony Borek | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony Borek 2007a Utah St. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver (metastatic) ANTECEDENT CAUSES Primary Carcinoma sigmoid Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia 4 da. | | | | | INTERVAL BETWEEN ONSET AND DEATH ? |
| 19a. DATE OF OPERATION 7/28/53 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma sigmoid with metastasis to liver | | | | 20. AUTOPSY? YES <input checked="" 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) 153X | | | |
| 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 7-22 , 19 53 , to 8-3 , 19 53 , that I last saw the deceased alive on 8-3-53 , 19 53 , and that death occurred at 10:00P m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>[Signature]</i> | | | | 23b. ADDRESS 5203 Chippewa | | 23c. DATE SIGNED 8-4-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Aug. 6, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery | | 24d. LOCATION (City, town, or county) (State) New Baden, Illinois. | |
| DATE REC'D BY LOCAL REG. AUG 5 1953 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary | | ADDRESS 2842 Meramec St. St. Louis, 18, Mo. | |

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

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Loren E. Tency

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.