

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2600

State File No.

0441

FILED FEB 2 1954

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST CLAIR</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or city) <u>St. Louis, Missouri</u> | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>EAST ST LOUIS</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>3900 STATE ST</u> <u>8120 8</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Nancy</u> | b. (Middle) <u>Belle</u> | c. (Last) <u>Borland</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 14, 1954</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>July 3-1888</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>CLAY COUNTY, ILL</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>SHERMAN STALEY</u> | 13b. MOTHER'S MAIDEN NAME <u>LAURANNE GEEHEE</u> | 14. NAME OF HUSBAND OR WIFE <u>VOLNEY L. BORLAND</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Russell Bales</u> ADDRESS <u>75 N. 87th St. EAST ST LOUIS, ILL</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious polyneuritis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia, both lungs</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>1-11-54</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Tracheotomy</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>364X</u> |
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22. I hereby certify that I attended the deceased from Jan. 10, 1954, to Jan. 14, 1954, that I last saw the deceased alive on Jan. 14, 1954, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. Bradley</u> (Degree or title) <u>M. D.</u> | 23b. ADDRESS <u>BARNES HOSPITAL</u> | 23c. DATE SIGNED <u>1-14-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>JAN-15-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>EAST ST LOUIS, ILL</u> | 24d. LOCATION (City, town, or county) (State) <u>EAST ST LOUIS, ILL</u> |
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| DATE REC'D BY LOCAL REG. <u>JAN 15 1954</u> | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Gonski</u> ADDRESS <u>1010 PENN. AVE EAST ST LOUIS, ILL.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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.....
Signature of Student Embalmer

Signed *John A. Reynolds*
Licensed Embalmer No. *239*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.