

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41849

State File No.

11008

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

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

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|---|--|--|--|--|--|
| 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 or township) St. Louis | | c. LENGTH OF STAY (In this place) 35 yrs | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Little Flower Conv. Home | | | e. STREET ADDRESS (If rural, give location) 4246 McRee Avenue 21770 | | |

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|-------------------------------------|----------------------------|-------------------------------|----------------------------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) HAZEL | b. (Middle) PAULINE | c. (Last) BORMAN | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1955 | | |
|-------------------------------------|----------------------------|-------------------------------|----------------------------|---|--|--|

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|-------------------------|----------------------------------|--|--|--|---------------------------|-------------------------|-------|------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Mar. 10, 1899 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Days | Hours | Min. |
|-------------------------|----------------------------------|--|--|--|---------------------------|-------------------------|-------|------|

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|---|--|---|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saleslady | | 10b. KIND OF BUSINESS OR INDUSTRY retail clothing | | 11. BIRTHPLACE (City and State or Foreign Country) Millstadt, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA | |
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|---|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME Louis Boemer | | 13b. MOTHER'S MAIDEN NAME Louisa Hoerer | | 14. NAME OF HUSBAND OR WIFE Albert J. Borman | | | |
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| 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. 488-01-6944 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert J. Borman, 4246 McRee Avenue | | | | | |
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of Larynx & spinal DUE TO (c) Colon | | | | | INTERVAL BETWEEN ONSET AND DEATH about 5 years | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 153x | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 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 **March 5, 1951**, to **Dec. 14, 1955**, that I last saw the deceased alive on **Dec 14, 1955**, and that death occurred at **11:20 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) [Signature] | | 23b. ADDRESS 3606 S. Harris | | 23c. DATE SIGNED 12/16/55 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE Dec 17, 1955 | 24c. NAME OF CEMETERY OR CREMATORY St. Evergreen Cemetery | 24d. LOCATION (City, town, or county) (State) Millstadt, Illinois | | |
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| DATE REC'D BY LOCAL REG. DEC 16 1955 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave | | | |
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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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 45

P. O. Address St. Louis

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.