

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021344

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5587 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 7 1963

1. PLACE OF DEATH
a. COUNTY Missouri
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis Length of stay in 1b
c. CITY OR TOWN ST. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 4739 Goethe Ave. Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN ST. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 4739 Goethe Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
HERMAN Gilbert C. BORNE
4. DATE OF DEATH Month Day Year
May 27 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH Sept. 27 1906 9. AGE (last birthday) 56
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Melvin's Mechanic 10b. KIND OF BUSINESS OR INDUSTRY Kroger Baking Co. 11. BIRTHPLACE (City and state or country) ST. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frank Borne 13b. MOTHER'S MAIDEN NAME Elsie Zais 14. NAME OF HUSBAND OR WIFE Marie Borne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No 16. SOCIAL SECURITY NO. 17. INFORMANT Address
3862 Marie Borne 4739 Goethe Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction; Interval Between Onset and Death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Pulmonary Edema; 5272
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at _____ 3:30 A _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor Coroner 22b. ADDRESS 1300 Clark Ave. 22c. DATE SIGNED 5-27-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE May 29 1963 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery 23d. LOCATION (City, town, or county) ST. Louis, Co., Mo. (State)

24. FUNERAL DIRECTOR Address Witt Mortuary 6409 Gravois 25. DATE RECD. BY LOCAL REG. MAY 27 1963 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

JUN 26 1959

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 Elton R. H. Penick

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.