MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12348

1. PLACE OF DEATH

County ..... Registration District No. 79E

Township ..... Primary Registration District No. 1003

City S Louis (No. City Hospital ..... St. ..... Ward)

File No. .....

Registered No. 2868

17108

2. FULL NAME Louis Borning

(a) Residence. No. 4251 Arco St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	10	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Smith Contractor

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Rudolph Borning

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Henrietta Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: E Rowan
(Address) City Hospital

15. FILED MAR -5 1929 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1929, to March 2, 1929, that I last saw him alive on March 2, 1929, and that death occurred, on the date stated above, at 10 40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Far Adv. Pulmon. Tbc.
Tbc. Larynx 1 3 A

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

3/2 (Signed) R Berg, M.D.
, 1929 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Western Lutheran Cemetery

DATE OF BURIAL: 3-6- 1929

20. UNDERTAKER: Kriegshauser U. to Manchester Ave

ADDRESS 4104

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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