

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

Do not use this space.

18146

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 202
City St. Louis (No., Ward

File No.
Registered No. 4352
St. Ward

2. FULL NAME

Charles Bornhauser
(a) Residence, No. 3610 N 14th St. 26 Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22 1893</u>		
7. AGE <u>39</u>	YEARS —	MONTHS <u>6</u>
		DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shipping Clerk</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>not working</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

13. NAME Charles Bornhauser

14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

17. INFORMANT Rose Bornhauser
(ADDRESS) 3610 N 14th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May 19 1933

19. UNDERTAKER Edward Koch
(ADDRESS) 354 N 14th St

20. FILED MAY 16 1933 J. Y. Bredeek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Wednesday May 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933, to May 16, 1933

I last saw him alive on May 16, 1933 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset Feb 20 - 21 1933

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. S. Kessler M. D.
(Address) 3612 N 14th St.

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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