

JAN 13 1936

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

Do not use this space.

41058

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2845 - 6th**)

File No.....
Registered No. **10241**
St. Ward)

2. FULL NAME

(a) Residence, No. **2851 Ohio Ave. St.** **24** 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

1. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Bornemann				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1860				
7. AGE	YEARS 75	MONTHS 10	DAYS 15	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanitar St. Matthews church			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.				
FATHER	13. NAME Wm Bornemann			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME Unkerson			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT Amelia Bornemann (ADDRESS) 2851 Ohio Ave				
18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE Dec 6 19 35				
19. UNDERTAKER Waclay-Helderle (ADDRESS) 2331 Broadway				
20. FILED DEC - 5 1935 19 J. Brebeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 3** 19**35**

22. HEREBY CERTIFY, That I attended deceased from **Dec 2** 19**35**, to **Dec 3** 19**35**
I last saw him alive on **Dec 2** 19**35** Death is said to have occurred on the date stated above, at **Pop.** m.
The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset **12/2/35**

Other contributory causes of importance:
Senility **10/7/35**

Name of operation **none** Date of
What test confirmed diagnosis? **Real 2** 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) **L. A. Paul Stein**
(Address) **2711 Groves Blvd.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

