

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.

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

17289
Do not use this space.

DEC 0 JUN 1, 1939

1. PLACE OF DEATH

(a) County.....² Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **4823**
 (c) City.....¹ St. Louis (d) Street No. **4131 a. Farlin Ave.**..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **40** yrs. **8** mos. **22** da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Lucille Bormann**

(a) Residence, No. **4131a Farlin Ave.** St. **10** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 2, 1898**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
40 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Inspector**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Dry Goods**
 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 Missouri**

FATHER 13. NAME **William Bormann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ink. Germany**

MOTHER 15. MAIDEN NAME **Louise Koch**

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

17. INFORMANT (ADDRESS) **William Bormann 4131a Farlin**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem** DATE **May 27, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Suedmeyer & Sons 3934 N. 20th St.**

20. FILED 19 **J. F. Bredich** Local Registrar

MAY 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 24, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **1-14, 1939, to May 24, 1939**
 I last saw him alive on **May 24, 1939** Death is said to have occurred on the date stated above, at **4 P.**
 The principal cause of death and related causes of importance were as follows:

*Thyrotoxic crisis
shock
heart dysfunction*

Other contributory causes of importance:
Epithelmal Eosin

Date of onset **5-25-39**

Name of operation *thyroidectomy* Date of **5-25-39**
 What test confirmed diagnosis? *clinical* 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 *no*
 (Signed) *John W. McDonald*, M. D.
 (Address) *539 N. Grand*

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.....

Geo P Schubert

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo P Schubert

Licensed Embalmer No. *2212*

P. O. Address *5118th N. Vinje Highway*

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 this body is not embalmed, above space should be left blank.