DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38297

Registration District No. 791

Primary Registration District No.

Registrar's No. 10136

1. PLACE OF DEATH: 1003

(a) County 2

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1125 Lawn Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1125 Lawn
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward Bornemann 1.55

3. (b) If veteran, name war None

3. (c) Social Security No. 488-09-7071

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. 23, 1878
(Month) (Day) (Year)

8. AGE: Years 61 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Butcher

11. Industry or business A. Moll Co. 0

FATHER
12. Name Henry Bornemann 6
13. Birthplace (City, town, or county) Germany 1 (State or foreign country) 2

MOTHER
14. Maiden name Margaret Mueck
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Louise Bornemann
(b) Address 1125 Lawn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/39 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) NOV 28 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
year 1939 hour 1.35 A.M. M.

21. I hereby certify that I attended the deceased from 11/15/39, 19, to 11/27, 1939;
that I last saw h. s alive on 11/27, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia (Rt. upper) (Type III)	12 days
Due to	
Due to	
Other conditions Ch. Myocarditis (Include pregnancy within 3 months of death) Hypertension	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? 1 (e) Means of injury

23. Signature R Berg (M. D. ~~or other~~)
Address 2253 Nebraska Av Date signed 11/28/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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.....

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

working under my personal supervision.

Signed Florenz Eymck

Licensed Embalmer No. 1284

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