

S. No. 2
 DM-5-42
 Rev. 5-17-39
 I X32873

31764

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 28 1942 318

8659

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3880 Juniata St. /
(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.....
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 3880 Juniata
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Henry Bornheim

3. (b) If veteran, name war No 3. (c) Social Security No. ?

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Christine. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Unknown. 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months unknown Days 4 If less than one day..... hr. min.

9. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business.....

12. Name Henry Bornheim.

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Grove.

(b) Address 3880 Juniata St.

17. (a) Burial. (b) Date thereof 10/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus.

18. (a) Signature of funeral director Wm. E. Mayfield.

(b) Address 1926 Allen Ave.

19. (a) OCT 19 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 1942.
 year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from 8/26 1940 to 10/18 1942
 that I last saw him im alive on 10/18 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hrs.

Due to 12/1
 Due to Myocarditis chr. / Nephritis chr.

Other conditions (Include pregnancy within month of death) 2 years.

Major findings: Of operations.....

Of autopsy.....

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?

While at work..... (Specify type of place) (e) Means of injury M.O.

23. Signature St. J. Simpson (M. D. or other) 10/19/42
 Address 3739 Grand Ave. Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Handwritten marks and scribbles at the bottom left corner.

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 me.

Registered Apprentice No. _____

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 3304th Utah St.

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, fact should be so stated above.