S. No. 2
0M—2-43
v. 5-17-39
I X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED JUL 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19422

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6084

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: 4956 Washington Blvd /
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4956 Washington Blvd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Louis Bormann

3. (b) If veteran, name war No.

3. (c) Social Security No. 498-16-0927

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. 23, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	4	10	hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business

FATHER
12. Name Adam Bormann
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Bormann
(b) Address 4956 Washington Blvd.

17. (a) Burial (b) Date thereof 7/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Chas. J. Kron Funeral Home
(b) Address 4911 Washington Blvd.

19. JUL 3 1943 (b) J. F. Bridges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1943, to July 3, 1943
that I last saw him alive on July 3, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	4 days
Due to: Active Tuberculosis	1 Lungs
~~Due to~~ 1 year Track Hospital	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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? (e) Means of injury

23. Signature Albert N Coughlin (M. D. or other)

Address 457 N K Hi way Date signed July 3/43

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Fenwick

Licensed Embalmer No. 3793.

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, fact should be so stated above.