

FILED DEC 28 1945

Registration District No. **57**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Vincent's Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 4 years 2 months 16 days
In this community 4 years 2 months 16 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Reverend Jules Adrien Bornes

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 3 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Clergyman

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Margaret, Supt.
(b) Address St. Vincent's Sanitarium,

17. (a) REMOVAL (b) Date thereof Dec 20 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SAN ANTONIO, TEX

18. (a) Signature of funeral director C. J. Kelly
(b) Address 4386 Lindell

19. (a) 12-21-45 (b) E. S. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 1945 hour 5 minute 9 A. M.

21. I hereby certify that I attended the deceased from Oct 4, 1945 to Dec 20, 1945;
that I last saw him alive on Dec 19, 1945;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration _____

Due to 94a
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Coronary Thrombosis

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? _____

While at work? (Specify type of place) (e) Means of injury _____
Signature P. E. Kubitowski (M. D. or other) _____
Address St. Vincent's Sanitarium Date signed 12/20/45

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.....

James G. Lammers

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.