

FILED AUG 20 1946

Primary Registration District No. 1003

Registrar's No. 2010

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:
4131A FARLIN AVE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NIL (Specify whether
In this community 83-8-5 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 1017
(d) Street No. 4131A FARLIN AVE (If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME C. LOUISE BORMANN
3. (b) If veteran, name war NIL 3. (c) Social Security No. NONE
4. Sex F. / 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife F. W. BORMANN 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased DEC. 6 1862 (Month) (Day) (Year)

20. DATE OF DEATH: Month Aug day 11 year 1946 hour 01 minute 30A.M.
21. I hereby certify that I attended the deceased from July 3 1946 to Aug 10 1946;
that I last saw her alive on Aug 09 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration undertain

8. AGE: Years 83 Months 8 Days 5 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace ST. LOUIS MO 11 (City, town, or county) (State or foreign country)

Other conditions Fracture hip (Include pregnancy within 3 months of death) 5 wks

10. Usual occupation HOUSEWIFE

Major findings: _____

11. Industry or business NONE

Of operations _____

12. Name FERDINAND RICH 11

Of autopsy _____

13. Birthplace VNK GERMANY (City, town, or county) (State or foreign country)

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

14. Maiden name MARY STRICKER

15. Birthplace VNK GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant MISS CLARA BORMANN

(b) Address 4131A FARLIN AVE

17. (a) BURIAL (b) Date thereof 8/14/46 (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Clue Dreyer

(b) Address 3934 N. 20th ST.

19. (a) AUG 12 1946 (b) J. F. Buseck (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (Specify) 000

(b) Date of occurrence July 3, 1946

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above

While at work? NO (Specify type of place) (e) Means of injury Fall

23. Signature Wm. C. Bardon (M. D. or other) 0

Address 539 N. Frank Date signed 8-12-46

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

27302

4.

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 A. G. Smethers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 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.