DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42728

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2980

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ hrs. (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Baden Station
(If outside city or town limits, write "RURAL")
(d) Street No. Old Halls Ferry Rd & Redman
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Borner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Virginia Mueller
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Sept 18 (Month) 1910 (Day) (Year)

8. AGE: Years 38 Months 3 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Hungary (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Mar-Meat Co.
FATHER
12. Name Michael Borner
13. Birthplace (City, town, or county) Hungary (State or foreign country)
MOTHER
14. Maiden name Theresa Mayle
15. Birthplace Romania (City, town, or county) ~~Hungary~~ (State or foreign country)
16. (a) Informant St. Louis Co. Hosp. Records
(b) Address Clayton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem
18. (a) Signature of funeral director Diederich F Home
(b) Address 8319 Halls Ferry Rd
19. (a) 12-28-48 (Date received local registrar) (b) Thurd G Lunsinger MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1948 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec. 24, 1948, to Dec. 24, 1948, that I last saw him alive on Dec. 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage
Due to Bullet wound ant. chest left
Due to 166
Other conditions (Include pregnancy within 3 months of death) 6981
Major findings: Of operations 1) Bullet wound thorax left
Of autopsy ventricle heart and aorta

Duration

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) JUSTIFIABLE HOMICIDE
(b) Date of occurrence Dec. 24, 1948
(c) Where did injury occur? Baden Sta. (City or town) St. Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury
23. Signature John J Dizgan Jr (M.D. or other)
Address 601 Brentwood Date signed 12/26

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317 | Primary Registration District No. 3063 | Registrar's No. 2980

1. PLACE OF DEATH:
(a) County: St. Louis. Co.
(b) City or town: Clayton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis. Co. Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hr (Specify whether years, months or days)
In this community 3 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Black Jack Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Baden Station R.4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Henry Borner
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: Married
6. (b) Name of husband or wife: Virginia Borner
(c) Age of husband or wife if alive years
7. Birth date of deceased: Sept (Month) 18 (Day) 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
38	3	6	hr. min.

9. Birthplace: Romania (City, town, or county) (State or foreign country)
10. Usual occupation: Meat Truck Driver
11. Industry or business:
FATHER
12. Name: Michael Borner
13. Birthplace: Romania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Thresia Mayle
15. Birthplace: Romania (City, town, or county) (State or foreign country)
16. (a) Informant: Michael Borner
(b) Address: Baden Station R.4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 29, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Friedens Cem.
18. (a) Signature of funeral director: Diedrich F. Horne
(b) Address: 8319 Halls Ferry Rd.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1948 hour 10 minute 15 p.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 (M. D. or other)
Address Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

S-42728

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.