

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

State File No. 17850  
5262  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 17850		5262			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis 2179					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4148 M <sup>e</sup> Ree Av.				17 STREET ADDRESS (If rural, give location) 4148 M <sup>e</sup> Ree Av.							
3. NAME OF DECEASED (Type or Print) LOUISE			a. (First)			b. (Middle) BORNMANN			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) JUNE - 6 - 51			5. SEX FE /			6. COLOR OR RACE W.			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W / 2		
8. DATE OF BIRTH FEB - 28 - 1869			9. AGE (In years last birthday) 82 YRS			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY PASTRY FANCY BARS		
11. BIRTHPLACE (State or foreign country) Quincy ILLINOIS			12. CITIZEN OF WHAT COUNTRY? U.S.A								
13a. FATHER'S NAME GEORGE MERKER				13b. MOTHER'S MAIDEN NAME MARY unknown				14. NAME OF HUSBAND OR WIFE WILLIAM WALL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Mr Carl Wall 4148 M <sup>e</sup> Ree Av			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis						INTERVAL BETWEEN ONSET AND DEATH -	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Interstitial Nephritis						-	
				DUE TO (c) —							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes						20 yr.	
19a. DATE OF OPERATION —				19b. MAJOR FINDINGS OF OPERATION —						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) —			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 592X					
22. I hereby certify that I attended the deceased from May 21, 1951, to June 7, 1951, that I last saw the deceased alive on June 6, 1951, and that death occurred at 2:50 p.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Albert Wall M.D.				23b. ADDRESS 5327 Helen Ave				23c. DATE SIGNED 6/8/51			
24a. BURIAL, CREMATION (Specify)		24b. DATE June - 9 - 51		24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery		24d. LOCATION (City, town, or county) (State) St Louis City Mo.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 8 1951 REG. J. B. Lassiter				25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) E. J. Schuur 3125 Lafayette Ave							

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed<sup>d</sup> by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Joseph B. Vollmer*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.