

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11271
2442

FILED MAR 24 1953

318

1003

State File No.
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2149		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4971 Delor St.				d. STREET ADDRESS (If rural, give location) 14 4971 Delor St.							
3. NAME OF DECEASED (Type or Print)		a. (First) FRED		b. (Middle) M.		c. (Last) BORNMUELLER		4. DATE OF DEATH (Month) (Day) (Year)		Mar. 3 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 11, 1882		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Photo Engraver				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Max Bornmueller				13b. MOTHER'S MAIDEN NAME Augusta Dressel				14. NAME OF HUSBAND OR WIFE Edna Bornmueller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490 01 6892A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Bornmueller 4971 Delor St.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH 2 hours			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Pneumonia Arterio</u>						10 years			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
		19b. MAJOR FINDINGS OF OPERATION									
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 241X							
22. I hereby certify that I attended the deceased from <u>March 18</u> , 19 <u>53</u> , to <u>March 3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 3</u> , 19 <u>53</u> , and that death occurred at <u>10:30 P.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>H.W. Shickelof</u> (Degree or title) M.D.				23b. ADDRESS 3903 Olive				23c. DATE SIGNED 3/4/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 6, 1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
DATE REC'D BY LOCAL REG. MAR 4 1953		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl					

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *William C. White*

Licensed Embalmer No. *4291*

P. O. Address *4228 S. Kingsley*

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.