

Health, Welfare and Public Service
 300
 1-56
 Doctor, Coroner, etc. must use only standard nomenclature in their reports. NO symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25964

STATE FILE NUMBER 6804

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 7			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Length of stay in lb 4 Days		STREET ADDRESS 224 57th 5136 Page Blvd.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roy Middle William Last Bormann				4. DATE OF DEATH Month 7 Day 20 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Dec. 5, 1908		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter Helper		10b. KIND OF BUSINESS OR INDUSTRY Steam Fitting		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME (Retired) William Bormann				14. MOTHER'S MAIDEN NAME Augusta Schoener			
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.		17. INFORMANT Address Paul A. Barlow 5359 Geraldine Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia stab wounds of abdomen and chest, suffered in altercation with Dorothy Jones in room of Home at 5136 a Page Blvd. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) stab wounds of abdomen and chest, suffered in altercation with Dorothy Jones in room of Home at 5136 a Page Blvd. DUE TO (c) Home at 5136 a Page Blvd. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) about 700 pm, July 18 1957.							INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOME/IDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED (Enter in Part I or Part II only) Verdict: Murder (suicide or homicidal caused) shall be determined							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 05		20f. CITY, TOWN, OR LOCATION COUNTY STATE E982 X	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:25P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Patrick Taylor Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7-22-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 24, 1957	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.			25. DATE RECD. BY LOCAL REG. JUL 22 1957		26. REGISTRAR'S SIGNATURE Carl Smith		

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.....
Signature of Student Embalmer

Signed *Warren A. Carr*.....

Licensed Embalmer No... 39

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.