Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 3 1958

58-011371 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3432

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSP — Length of stay in 1b: 65 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4194 A SACRAMENTO — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: ALBERT Middle: F. Last: BORMANN

4. DATE OF DEATH: Month: MAR. Day: 24 Year: 1958

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: JAN. 23. 1893

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUSTODIAN

10b. KIND OF BUSINESS OR INDUSTRY: CHURCH

11. BIRTHPLACE (City and state or country): ST. LOUIS 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm F. BORMANN

13b. MOTHER'S MAIDEN NAME: LOUISE KOCH

14. NAME OF HUSBAND OR WIFE: CLARA BORMANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR #1

16. SOCIAL SECURITY NO.: 489-22-1871

17. INFORMANT: CLARA BORMANN Address: 4194 A SACRAMENTO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO (b): Grand Mal convulsions — 2 days

DUE TO (c): arteriosclerotic heart disease — 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-23, to 3-24 and last saw her/him alive on 3-24-58. Death occurred at 4:30 pm 4:30 P.M. the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin Rosecan M.D.

22b. ADDRESS: 100 N. Euclid

22c. DATE SIGNED: 3-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: MAR. 27. 1958

23c. NAME OF CEMETERY OR CREMATORY: NATL. CEM. JEFFERSON BRKS

23d. LOCATION (City, town, or county) (State): ST. LOUIS Co. Mo.

24. FUNERAL DIRECTOR: Guedmeyer & Sons — ADDRESS: 3934 N. 20 ST

25. DATE RECD. BY LOCAL REG.: MAR 25 '58

26. REGISTRAR'S SIGNATURE: J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in filling out this certificate. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Mrs Gray 24 Rm.

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 Herbert J. Gass Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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