

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042790

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3193

FILED DEC 15 1958

300  
-57

1. PLACE OF DEATH a. COUNTY <b>St. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <b>Mo.</b> b. COUNTY <b>St. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>AFFTON</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>AFFTON</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8729 MCKENZIE</b>	Length of stay in lb <b>years</b>	d. STREET ADDRESS (If outside, give location) <b>8729 MCKENZIE</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>WEYMAN F BORNEMANN</b>			4. DATE OF DEATH Month Day Year <b>DEC. 4 1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 5 1905</b>
9. AGE (In years at birth) <b>53</b>	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) <b>BRICKLAYER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and state or country) <b>St LOUIS Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>JOHN BORNEMANN</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BAYLESS</b>	14. NAME OF HUSBAND OR WIFE <b>HELEN BORNEMANN</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>unk.</b>	17. INFORMANT <b>HELEN BORNEMANN</b> Address <b>8729 MCKENZIE</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>general carcinomatosis</b> DUE TO (b) <b>carcinoma of rectum</b> DUE TO (c) <b>154X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>neurogenic bladder and pyelonephritis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> <b>2 years</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>---</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>---</b>	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.) <b>---</b>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>July 1956</b> to <b>Dec. 4, 1958</b> and last saw him alive on <b>Dec 4, 1958</b> Death occurred at <b>830 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Eugene A Vogel MD</b>		22b. ADDRESS <b>3325 S Grand</b>	22c. DATE SIGNED <b>12/4/58</b>
23a. BURIAL (CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12/8/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>AFFTON, Mo.</b>
24. FUNERAL DIRECTOR <b>J L ZIEGENHEIN &amp; SONS</b> ADDRESS <b>7027 GRAVOIS</b>		25. DATE RECD. BY LOCAL REG. <b>12-6-58</b>	26. REGISTRAR'S SIGNATURE <b>Robert P. ...</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *Donald E Berry* .....  
Licensed Embalmer No. *04863* .....  
P. O. Address *H. Lee Mo* .....

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.