

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 1938-4

Primary Registration District No. 109

Registrar's No. 1862

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution:
3116 Bartold
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME Anna Bornemann
3. (b) If veteran, name war _____
3. (c) Social Security No. 655

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 13, 1857

8. AGE: Years 82 Months 2 Days 0
If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER
12. Name Carl Bornemann
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Germany

16. (a) Informant's own signature Bertha Robyn
(b) Address 3116 Bartold

17. (a) Burial
(b) Date thereof July 15, 1939
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JUL 14 1939
(b) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(d) Street No. 3116 Bartold
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13
year 1939 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 12, 1939 to July 13, 1939
that I last saw her alive on July 12, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary
Edema

Due to Senile Debility
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Am S Barker
Address 302 Atlanta Hotel
Date signed 7/14/39

Duration 1 or 2 days
2 or 3 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

111 R

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. C. Burgess
Licensed Embalmer No. 4029
P. O. Address Maplewood

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, above space should be left blank.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space. T

26 817
File No. 1262 -
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township _____ Primary Registration District No. 109 -
City Maplewood (No. _____)

2. FULL NAME

Anna Bornemann
(a) Residence, No. 3116 Bartlett - St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 2 -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED _____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Edema-pulmonary Date of onset _____

cardiac debility 107W

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What best confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. A. Barker, M. D.
(Address) Webster Groves Mo.

TEMPORARY
Branche pneumonia
with some
throat
without
M. D. Barker

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCURRENCE IS VERY IMPORTANT.

S-26817

1939

RECEIVED
MAY 10 1939
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.