

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

FILED APR 16 1956
 XC-807,098
 REG. NO. 13819 SL-1071

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10457
 State File No. _____
 2665
 Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY ST. CHARLES											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 53 DAYS		c. CITY OR TOWN WENTZVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.				e. STREET ADDRESS (If rural, give location)											
3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) H. c. (Last) BORNHOP			4. DATE OF DEATH (Month) (Day) (Year) 3-13-56												
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 9-2-1894		9. AGE (In years last birthday) Months Days 61							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) WENTZVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA								
13a. FATHER'S NAME HENRY BORNHOP			13b. MOTHER'S MAIDEN NAME ANNA PETERS			14. NAME OF HUSBAND OR WIFE Unavailable									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS V.A. HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO.										
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.								MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ASPIRATION OF VOMITUS								INTERVAL BETWEEN ONSET AND DEATH 1 Minute - 26 seconds							
ANTECEDENT CAUSES DUE TO (b) RIGHT HEMIPARESIS								11 days							
DUE TO (c) CEREBRAL VASCULAR ACCIDENT								"							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Varicose Ulcers with skin graft															
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 331x					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
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?										
22. I hereby certify that I attended the deceased from <u>1-20</u> , 19 <u>56</u> , to <u>3-13</u> , 19 <u>56</u> , and that death occurred at <u>8:26 p.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <i>H. Westphaelinger</i> H. Westphaelinger, M.D.					23b. ADDRESS VAH, 915 N. GRAND, ST. LOUIS, MO.			23c. DATE SIGNED 3-14-56							
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 3-14-56		24c. NAME OF CEMETERY OR CREMATORY South Linn		24d. LOCATION (City, town, or county) (State) Wentzville, Mo.									
DATE REC'D BY LOCAL REG. MAR 14 1956		REGISTRAR'S SIGNATURE <i>Carl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T.E. Pitman, Wentzville, Mo.										

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1956

MAY 8 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Carlton J. Petman*.....
Licensed Embalmer No. 49

P. O. Address *Wentzville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.