

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18328**BIRTH NO. _____ REG. DIST. NO. **305** PRIMARY REG. DIST. NO. **Y452** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville		c. CITY OR TOWN Wentzville	
c. LENGTH OF STAY (In this place) Life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0920	

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Fred c. (Last) Christ Bornhop			4. DATE OF DEATH (Month) (Day) (Year) May 21 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 23 1897	9. AGE (In years last birthday) 59	10. IF UNDER 1 YEAR Months 10 Days 28 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Builder		11. BIRTHPLACE (City and State or Foreign Country) Wentzville Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME CHERRY BORNHOP		13b. MOTHER'S MAIDEN NAME Annie Peters		14. NAME OF HUSBAND OR WIFE Margaret Bornhop	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 49801-0799		17. INFORMANT'S SIGNATURE OR NAME Margaret Bornhop	
ADDRESS 170		ADDRESS Wentzville		ADDRESS Wentzville	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H20.1			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? () YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)	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 **June**, 19**54**, to **June**, 19**56**, that I last saw the deceased alive on **6/1**, 19**56**, and that death occurred at **10:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert C. Mc Murray M.D.	23b. ADDRESS Bellevue, Mo.	23c. DATE SIGNED 5/22/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-23-57	24c. NAME OF CEMETERY OR CREMATORY South Linnet	24d. LOCATION (City, town, or county) (State) Wentzville Mo
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DATE REC'D BY LOCAL REG. June 11 1957	REGISTRAR'S SIGNATURE Martin F. Puff	25. FUNERAL DIRECTOR'S SIGNATURE Carlton P. Pitman	ADDRESS Wentzville
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(Licensed Embalmer's Statement on Reverse Side)

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

40
1590

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 *Carlton J. Pitman*.....

Licensed Embalmer No. *497*

P. O. Address *Wentzville*

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.