

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

**59-037431**

**FILED VS NOV 12 1959**

**2 9777**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A.St.L. City #2</b>		d. STREET ADDRESS (If outside, give location) <b>2322 St. Louis Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>Oscar</b> Middle <b>(N.M.I.)</b> Last <b>Bornschein</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>24</b> Year <b>59</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 31 1877</b>
9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Sheet-Metal Wkr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Jacob-Brodden</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>August Bornschein</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Aherns</b>	
14. NAME OF HUSBAND OR WIFE <b>Ilda Bornschein</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Spanish Amer.</b>		16. SOCIAL SECURITY NO. <b>490-12-6896</b>	
17. INFORMANT <b>Mrs. Louise Russo</b>		Address <b>2322 St. Louis</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>Subdural Hemorrhage</b> DUE TO (b) <b>Compound comminuted fracture of the legs</b> DUE TO (c) <b>Compound comminuted fracture of the legs</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the criminal disease condition given in PART I (a) <b>Injury to death by car struck by car</b>			INTERVAL BETWEEN ONSET AND DEATH
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. TIME OF INJURY Hour <b>10:30</b> p.m. Month, Day, Year <b>10 24 59</b>	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>23rd Street</b>	20c. CITY, TOWN, OR LOCATION <b>St. Louis Mo.</b>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>23rd Street</b>	
20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo.</b>		COUNTY STATE	
21. I attended the deceased from <b>1020 P.</b> and last saw her/him alive on <b>10/26/59</b>			
Death occurred at <b>1020 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <b>Joseph M. Quinn Deputy Cor.</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>10/26/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/28/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) <b>Jeff. Bks. Mo.</b>
24. FUNERAL DIRECTOR <b>Robert D. Kinealy</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 26 1959</b>	
ADDRESS <b>2228 St. Louis Ave.</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SP

**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 *Gustav W. Schuler*  
Licensed Embalmer No. *4329*

P. O. Address *St Louis 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.