WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

SEP 26 1929

96

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

Do not use this space.

28843

1. PLACE OF DEATH
County: St Louis Co — Registration District No.: 1123 — File No.:
Township: Carondelet — Primary Registration District No.: 6248 A — Registered No.: 308
City: (No.: 116 Nellie Av St. Ward)

2. FULL NAME: Benjamin Bourasaw
(a) Residence. No.: 116 Nellie Av 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 5 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
67-	2	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tabor Cr
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Nat Knaw
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Nat Knaw
12. MAIDEN NAME OF MOTHER: Nat Knaw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Nat Knaw

14. INFORMANT: Mrs Bourasaw
(Address): 116 Nellie Av

15. Filed: Aug 22, 1929 L. C. Obrock M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 21st 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1929, to Aug 21st, 1929 that I last saw him alive on Aug 20th, 1929, and that death occurred, on the date stated above, at 12 45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Apoplexy

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph Hardy, M. D
Aug 22d, 1929 (Address) 7602 S. Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Festus Mo — DATE OF BURIAL: Aug 23 1929

20. UNDERTAKER: Fendler Nucl Co — ADDRESS: 7819 Mich.