

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

Do not use this space.
28382

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 8257
St. Ward)

2. FULL NAME

(a) Residence. No. 5537 Easton St. 6 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Buraek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25, 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>50</u>	<u>9</u>	<u>23</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Sebateessen
(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)

Poltvaia Russia

PARENTS

10. NAME OF FATHER Jacob Buraek

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER Naomi Greenwald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Russia

14. INFORMANT Wm D. Boxer (Address) 5728 Labadie

15. FILED AUG 19 1930 Wm C. Starnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1930

17. No physician in attendance
I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 10:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sun spot wound of 1 1/2" head
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Suicide
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank D. West, M.D.
8/19, 1930 (Address) Coroner

*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 DATE OF BURIAL

Unseal Shel Emeth 8/19, 1930

20. UNDERTAKER H B Berger ADDRESS 4715 McPherson

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.

