

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.

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

Do not use this space.

DEC 3 1936

43043

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10003
City St. Louis (No. City Hospital 1)..... Registered No. 11618
..... St. Ward)

B. 10001 Mary Bourisaw

2. FULL NAME

(a) Residence, No. 1469 Graham St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)..... Missouri
(STATE OR COUNTRY)

13. NAME FRANCIS BOURISAW

14. BIRTHPLACE (CITY OR TOWN)..... OLD MINES
(STATE OR COUNTRY) Mo

15. MAIDEN NAME ELINE COLEMAN

16. BIRTHPLACE (CITY OR TOWN)..... OLD MINES
(STATE OR COUNTRY) Mo

17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE FESTUS, Mo DATE Nov. 24 1936

19. UNDERTAKER ALBERT H. HOPPE
(ADDRESS) 429 N. Euclid

20. FILED NOV 23 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/22/36 1936

22. I HEREBY CERTIFY, That, I attended deceased from 10/5/36, 1936, to 11/22/36, 1936.

I last saw him alive on 11/22/36, 1936. Death is said to have occurred on the date stated above, at 1.15a m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis
Nephrosclerosis
Cerebral Hemorrhage
Date of onset

Other contributory causes of importance:
Cerebral Hemorrhage

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify..... (Signed) Geo. Seibert, M. D.
(Address) City Hospital No. 1

