S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39546

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 10962

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2339a S. 7th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")
(d) Street No. 2339a S. 7th Street.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Bourisaw
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Ellen Bourisaw
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 12, 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	27	hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER
12. Name Paul Bourisaw
13. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rose Villmar
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Edward Bourisaw
(b) Address 2339a S. 7th St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines, Mo.
18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.
19. (a) DEC 11 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1943 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from Dec 9, 1943, 19 , to Dec. 9, 1943, 19 , that I last saw him alive on Dec 9, 1943, 19 and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~

Due to Coronary Occlusion

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature T J Kemp (M. D. or other)
Address 4503 Washington Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Harry A. Olivier

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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 this body is not embalmed, fact should be so stated above.