

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

8275

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

2668

City *St. Louis Mo.* (No.....)

*Sanitarium*

St.....

Ward.....

**2. FULL NAME**

*Paul Banereis*

(a) Residence No. *5603 Columbia Ave.* *13* Ward.

Length of residence in city or town where death occurred *54* 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**

*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**

*Margaret Banereis*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

*Mar. 12, 1874*

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

*56*

*11*

*14*

**8. OCCUPATION OF DECEASED**

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

*Laborer*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Unknown*

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*Germany*

**10. NAME OF FATHER**

*Unknown*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Germany*

**12. MAIDEN NAME OF MOTHER**

*Unknown*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Germany*

**14.**

INFORMANT (Address)

*W.F. McNamee  
5400 Arsenal St.*

**15.**

FILED

19 *Feb. 26 1931*

*W.F. McNamee*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *2-26-31* 19

**17.**

I HEREBY CERTIFY, That I attended deceased from *July 1st* 1930, to *Feb. 26* 1931, and that I last saw him alive on *Feb. 26* 1931, and that death occurred, on the date stated above, at *10:25* p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*General Paralysis of the Insane (Sibs)*

(duration) *10* yrs. *13* mos. *13* da. +

**CONTRIBUTORY (SECONDARY)**

(duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRAICTED**

IF NOT AT PLACE OF DEATH.....

**6** DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS *Clinical & Lab. Findings*

(Signed) *William F. McNamee, M.D.*

*2/27*, 1931 (Address) *5400 Arsenal St*

\*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**

*New St. Marcus.*

*March 7 1931*

**20. UNDERTAKER**

**ADDRESS**

*Shacker Heldene*

*2331 S. Bly*

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.

