

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.

JUL 8 - 1937

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

Do not use this space.

21841

1. PLACE OF DEATH

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1008**  
 City **St. Louis** (No. **City Hosp. #1**) ..... St. ..... Ward)

File No. **5599**  
 Registered No. ....  
 St. .... Ward)

2. FULL NAME **Stephen Bossler**

(a) Residence, No. **2328 So. 9th. St.** St. **23** Ward.

(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) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mch. 8th. 1860**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**77 2 27**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Shoe-worker**

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) (STATE OR COUNTRY) **Illinois**

13. NAME **Stephen Bossler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alsac Lorraine**

15. MAIDEN NAME **Not-Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mrs. Ella Edstrom 4044 Meramec Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **June 7th. 1937**

19. UNDERTAKER (ADDRESS) **William Schumacher 3013 Meramec Street**

20. REGISTRY (ADDRESS) **J. A. Predeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 4th. 1937**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **6:30 AM**

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

Date of onset

"P. N." Disinfectant Poisoning self administered at his home 2328 S. 9th St on June 3, 1937 at about 10:30 AM

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **suicide** Date of injury **6/31, 1937**

Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **In home**

Nature of injury **See Above**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **Joseph M. Quinn, M.D.**

(Address) **Deputy Commissioner**

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JUN 7 1937

