

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

13388
Do not use this space.

REC'D MAY 10 1939

791
1003

Registered No. 3730

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City ^{or} St. Louis, Mo. (d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ²⁰⁰ Mr. Louis Oscar Bosse

(a) Residence, No. 3127 Locust Street St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as saw mill, bank, etc. Directory Co.

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 32 yrs.

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Charles H. Bosse

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Hanover Germany

MOTHER

15. MAIDEN NAME Dorothea Mueller

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

17. INFORMANT Mrs. Dorothy M. Ferriss (ADDRESS) 3523 Bingham

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE April 22, 1939

19. FUNERAL DIRECTOR (NAME) Beidervlieden F. H. Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED APR 22 1939 J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1938 to April 19, 1939. I last saw him alive on April 19, 1939. Death is said to have occurred on the date stated above, at 5:10 P.M. The principal cause of death and related causes of importance were as follows:
Pulmonary Fibrosis Date of onset 1938

Other contributory causes of importance:

Name of operation x ray - fracture Date of... Was there an autopsy? No

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? No If so, specify (Signed) A. R. Shuffel M. D. (Address) 1020 Mrs. Blanton Bldg. St. Louis

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.

Mr. R. R. ...
No. B. ...
Je 7469

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

[Handwritten Signature]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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, above space should be left blank.