

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

16993
Do not use this space.

RECD JUN 12 1939

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....

(b) Township..... Primary Registration District No..... Registered No. 4527

(c) City St. Louis (d) Street No. 4214a College Avenue 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 EDWARD D. BLOSS,

(a) Residence, No. 4214a College Avenue St. 1/D (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose L. Bloss (Tiefenbrunn)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	44	11	16	

OCCUPATION

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

9. Industry or business in which work was done, as 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)..... St. Louis (STATE OR COUNTRY) Mo

FATHER

13. NAME Henry Bloss

14. BIRTHPLACE (CITY OR TOWN)..... St. Louis (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Anna M. Fallert

16. BIRTHPLACE (CITY OR TOWN)..... St. Louis (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Rose L. Bloss (ADDRESS) 4214a College Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 19, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED MAY 17 1939 J. B. Beck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1939 to May 16, 1939

First saw him live on May 13, 1939 Death is said to have occurred on the date stated above, at 1:00 AM

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

Coronary Occlusion Date of onset 5/9/39

Other contributory causes of importance:

Name of operation none Date of.....

What test confirmed diagnosis? clinical 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) Roland R. Newman, M. D. (Address) 530 Geraldine

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.

I X18603

30M-5-1939

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 *William E. Bushby*

Licensed Embalmer No. *2110 3*

P. O. Address *St. Louis, Mo*

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.