

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12337

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 464

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Gardenville  
 (c) Name of hospital or institution: 5144 Waldo  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Gardenville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5144 Waldo  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME EMIL BERTRAND BOSSCH 267  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-01-946  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 36 years  
 7. Birth date of deceased February 3 1899  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Mar. day 4 year 1940 hour 8 minute 45 A.M.  
 21. I hereby certify that I attended the deceased from Jan 1 1940 to Mar 4 1940  
 that I last saw him alive on Mar 3 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings of operations As above reported  
 Of autopsy As above reported  
 Duration \_\_\_\_\_

8. AGE: Years 41 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Webster Groves Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Beer Bottler  
 11. Industry or business Anheuser-Busch  
 12. Name Charles Bossch  
 13. Birthplace Belgium  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Marguerite Bertrand  
 15. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Helen Bossch  
 (b) Address 5144 Waldo  
 17. (a) Burial (b) Date thereof Mar 7 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Newss, Peter & Paul Cem.  
 18. (a) Signature of funeral director H. A. Hubben Div 9 1/2nd Eo  
 (b) Address 2842 Metamec St.  
 19. (a) MAR 5 1940 (b) H. R. Meyer  
 (Date received local registrar) (Registrar's signature)

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of Injury \_\_\_\_\_  
 23. Signature Frank J. ...  
 Address 4930 ...

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.

4930 emballed

**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 Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.  
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.**