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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22675

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1236

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. No Home (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Casper Boss

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male (1)

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 8 (Month) 18 (Day) 1881 (Year)

8. AGE: Years 59 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) / Kentucky (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Charles Ernest Boss
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Kate Martin
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Robert Koch Hospital

(b) Address Koch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 - 41 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2701 Lafayette Avenue

19. (a) JUN 13 1941 (Date received local registrar) (b) D. R. Meyer N. Dodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10 year 1941 hour 5 minute 59 P M.

21. I hereby certify that I attended the deceased from 6 - 3 1941, to 6 - 10 1941; that I last saw him alive on 6 - 10 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions Adhesive Pericarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pulmonary T.B. Adhesive Pericarditis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature William Stanko (M. D. or other)

Address Robert Koch Hospital Date signed 6-12-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 7 1941

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 Ralph Linders, Registered Apprentice No. 281 working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.