V. S. No. 2
00M—2-43
v. 5-17-39
I X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8746

FILED MAR 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2689

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 17

(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 5912 Page Avenue.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Maud L. Bosserman.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dr. David C. Bosserman.

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 14, (Day) 1878. (Year)

8. AGE:

Years	Months	Days	If less than one day
65	8	3	hr. min.

9. Birthplace Caledonia, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name John A. Logan.
13. Birthplace ? (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lenora Neely.
15. Birthplace ? (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Russell W. Johnson.
(b) Address 4357 Wallace Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-1944. (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) MAR 21 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th.
year 1944 hour 6 minute 06 P.M.

21. I hereby certify that I attended the deceased from March 10, 1944, to March 17, 1944
that I last saw her alive on March 17, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~[illegible]~~ MESENTERIC THROMBOSIS	3 dm.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

123.1

Major findings: Of operations GANGRENE OF ENTIRE SMALL BOWEL

Of autopsy

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 [illegible] (M. D. or other) M.D.

Address March 18, 1944 Date signed

1194 Hoch [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Dr.O.O.White.
1194 Hodiamont Avenue.
Hours 1 to 5 P.M.
Telephone Cabanne 8755

JUL 17 1949

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. Ben Hoffman

Licensed Embalmer No. 4366

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, fact should be so stated above.