No. 2
—2-43
-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16184

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4898

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: 4715 Ashland Court
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9 6
(If outside city or town limits, write "RURAL")

(d) Street No. 4715 Ashland Court
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward F. Bosch

3. (b) If veteran, name war No

3. (c) Social Security No. 490-03-8639

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Henrietta Bosch

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

7. Birth date of deceased April 1, 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 25 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Electrician

11. Industry or business St. Louis Screw & Bolt Co.

MOTHER FATHER

12. Name August Bosch

13. Birthplace - - Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sopp

15. Birthplace - - Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elvira E. Richt

(b) Address 6414 Woodrow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1944.
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) 5-28-44 (Date filed with local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1944 hour 2:40 minute A. M.

21. I hereby certify that I attended the deceased from May 26, 1944, to May 26, 1944, that I last saw him alive on May 26, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexia cerebrale

Due to

Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 [illegible] (M. D. or other)

Address 1918 [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

1918 E. Grand
1-3 PM

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis M

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

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