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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27537
State File No. _____
7403
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5621 Minnesota Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Louis A. Bosso
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katie Belle Bosso 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 28, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 24 hr. min.

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

10. Usual occupation Realitor

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Bosso
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unk
15. Birthplace Unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Belle Bosso
(b) Address 5621 Minnesota Ave.,

17. (a) Burial (b) Date thereof 8-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery
Southern Funeral Home

18. (a) Signature of funeral director _____
(b) Address 6322 S. Grand Blyd.,

19. (a) Aug 24, 1948 (b) J. F. Briscoe
(Date received local registrar) (Registrar's signature)

1005
2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5621 Minnesota Ave., 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd
year 1948 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug. 1 - 48
8/1 - 1948, to 8/22 - 48, 1948
that I last saw him alive on 8-22-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 22 Days
Due to Ch. Myocardites 30 years

Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature William J. Hansman (M. D. or other) _____
Address 1535 W. 11th St. Date signed _____

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

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

J. W. Binkley

Licensed Embalmer No.

3657

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.