

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38540

FILED NOV 21 1949

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State File No. 9531

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>96</u> OR TOWN <u>University City</u>		d. STREET ADDRESS (If rural, give location) <u>5</u> <u>NR- 6906 Washington Blvd.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				3. NAME OF DECEASED a. (First) <u>Edwin</u> b. (Middle) <u>H</u> c. (Last) <u>Bosse</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Oct. 19, 1870</u>		9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician & Surgeon</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>			
11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Bosse</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothea Mueller</u>			
14. NAME OF HUSBAND OR WIFE <u>Lotta Krenning</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lotta Krenning, 6906 Washington Blvd.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>				DUPLICATE OF (a) <u>Carcinoma of Prostate</u>				<u>2 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE OF (b) <u>Cirrhosis of Liver</u>				<u>?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177A</u>		22. I hereby certify that I attended the deceased from <u>Oct. 28, 1947</u> , to <u>Nov. 6, 1949</u> , that I last saw the deceased alive on <u>Nov. 6, 1949</u> , and that death occurred at <u>11:55 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Clarence Mueller M.D.</u>		23b. ADDRESS <u>Missouri Theater Bldg.</u>		23c. DATE SIGNED <u>11/6/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>11/9/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thompson, 6633 Clayton Rd.</u>			
DATE RECD BY LOCAL REGISTRY <u>Nov 8 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Raster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thompson, 6633 Clayton Rd.</u>					

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

STATE OF MICHIGAN

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Ernest W. Spillars

Signed.....
Student Embalmer

Licensed Embalmer No..... *4080*

P. O. Address.....

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.