No. 300
10.48

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24320

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6298

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Bros. Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri,
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 2029
d. STREET ADDRESS (If rural, give location) 2 5644 Rhodes Ave., 0

3. NAME OF DECEASED (Type or Print)
a. (First) Edmund
b. (Middle) H.
c. (Last) Bossung,

4. DATE OF DEATH (Month) July (Day) 12, (Year) 1951

5. SEX Male, 0
6. COLOR OR RACE White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH November 12, 1892
9. AGE (In years last birthday) 58 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher and Grocer
10b. KIND OF BUSINESS OR INDUSTRY Retired 4 Years,
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter Bossung,
13b. MOTHER'S MAIDEN NAME Wilhelmina Paule,
14. NAME OF HUSBAND OR WIFE Mary Bossung,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mary Bossung, **ADDRESS** 5644 Rhodes Ave.,

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? HH3X

22. *I hereby certify that I attended the deceased from* 7-12, 1951, *to* 7-12, 1951, *that I last saw the deceased alive on* 7-12, 1951, *and that death occurred at* 5:11 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE John J. Oakley (Degree or title) M.D.
23b. ADDRESS 5203 Chippewa St.
23c. DATE SIGNED 7-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,
24b. DATE July 16, 1951
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,
24d. LOCATION (City, town, or county) St. Louis, Missouri, (State)

DATE REC'D BY LOCAL REG. JUL 14 1951
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, **ADDRESS** 2842 Meramec St., St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Joe B. Berry

Signed.....
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., ~~St. Louis, 18, 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.