

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3614

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 3138) Jamieson St. Ward)

File No.
Registered No. 207

2. FULL NAME

(a) Residence. No. 3138 Jamieson St. 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle D. Bosse
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-15-1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 - 18
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work R.R. Mail Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Postal Service
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Iowa
10. NAME OF FATHER Henry Bosse
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Francis Truettler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Belle D. Bosse
(Address) 3138 Jamieson

15. FILED - 5 1929 My: C. Tucker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-2-1929
17. I HEREBY CERTIFY, That I attended deceased from Nov. 25-1926 19 to Jan 2 19 29
that I last saw h. alive on Jan 2 19 29, and that death occurred, on the date stated above, at 8:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

51P
Carcinoma Bladder (urinary)
(duration) 1 yrs. 1 mos. 8 ds.
CONTRIBUTORY (SECONDARY) 49
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical findings
(Signed) J. P. Hemerick Jr. M. D.
Jan. 5, 1929 (Address) 6200 Columbia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Int. Lebanon Cem. 1-5-1929

20. UNDERTAKER ADDRESS
Petry Bros 3029 Laf. Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 THIS IS A PERMANENT RECORD
 7-8 p.m. or 9-10 a.m.
 105
 2
 10
 31

Boris.