

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

Do not use this space.

2097

1. PLACE OF DEATH
 County Salway Registration District No. 630
 Township Monroe Primary Registration District No. 5832
 City St. Louis (No.) St. Ward

2. FULL NAME Edward L. Bosler
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Rosa Bosler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27-1850

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.
79 4 17

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Gilvester Bosler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York State

12. MAIDEN NAME OF MOTHER Rhanna Johnston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York State

14. INFORMANT Mrs Rosa Bosler
 (Address) Skidmore Ave

15. FILED Feb 13 1930 Dr. J. C. Manning REGISTRAR
Feb 13 30 C. P. Dupre

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1930, to Jan 14, 1930 that I last saw him alive on Jan 11, 1930 and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza & Lobar
Pneumonia
131
11A (duration) yrs. mos. da.
109
 CONTRIBUTORY (SECONDARY) Chronic interstitial
nephritis & Rheumatism (duration) yrs. mos. da.

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?
 (Signed) J. C. Manning, M. D.
 (Address) Skidmore Ave
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miriam Cemetery DATE OF BURIAL Jan 16 1930

20. UNDERTAKER Prie Fun Co ADDRESS Magville

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.

74
 FEB 1930

