

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

Do not use this space.

41422

1. PLACE OF DEATH

County, St. Louis Registration District No. 786
Township, Central Primary Registration District No. 4469
City, Maplewood, (No. _____) St. _____ Ward _____

2. FULL NAME

Anna Mary Bosch
(a) Residence, No. 7556 Comfort Ave St. _____ 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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, '32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 10 hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maplewood Mo. 1

FATHER 13. NAME Eugene Bosch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER 15. MAIDEN NAME Anna Schneider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Eugene Bosch
(ADDRESS) 7556 Comfort Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE S. Peter, Paul DATE Dec. 17, 1932

19. UNDERTAKER Prohantlud. Co.
(ADDRESS) 7146 Manchester Ave

20. FILED 12/17, 1932 Mercedes Schuster
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932 to Dec 16, 1932
I last saw him alive on Dec 16, 1932. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage Date of onset Dec 16 1932
1605 / 16013
Other contributory causes of importance: ①

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Ph. Brown, M. D.
(Address) 3500 Cambridge
Maplewood Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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