

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

Do not use this space.

92
FEB 27 1934

2305

1. PLACE OF DEATH

County St. Charles Registration District No. 760 File No. 2305
Township Beaumont Primary Registration District No. 6001 Registered No. 6
City St. Peters (No. _____) St. _____ Ward _____

2. FULL NAME Hilda Bosheit

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19 1903</u>		
7. AGE YEARS <u>30</u>	MONTHS <u>7</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Peters Mo</u>		
13. NAME <u>Felix Bosheit</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Mo</u>		
15. MAIDEN NAME <u>Mary Weber</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Mo</u>		
17. INFORMANT <u>Felix R. Bosheit</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>all saints</u> DATE <u>1/22 1934</u>		
19. UNDERTAKER <u>Harry Habshaw</u> (ADDRESS) <u>St. Peters Mo</u>		
20. FILED <u>1/22 1934</u> <u>McCabe</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10 1930, to Jan 20 1934

Last saw h. ev. alive on Jan 19 1934 Death is said to have occurred on the date stated above, at 29 m.

The principal cause of death and related causes of importance were as follows:

Chronic Epilepsy Date of onset 25 yrs ago
106 F
85

Other contributory causes of importance
Acute Bronchitis 1 wk

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal 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? No
If so, specify _____
(Signed) L. A. Rosemeyer, M. D.
(Address) 101 Fulton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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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