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.

JUN 19 1934

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

Do not use this space.

18390

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4864

City St Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Katherine Bossler

(a) Residence, No. 1904 So 7th St., 23 Ward. City
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 — Philip Bossler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 1881

7. AGE: Years 52 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Hungary

FATHER
13. NAME Andrew Farenbach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER
15. MAIDEN NAME Anna Cross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Philip Bossler 1904 S 7

18. BURIAL, CREMATION, OR REMOVAL PLACE S S Peter & Paul DATE May 16 1934

19. UNDERTAKER (ADDRESS) Thos Kutis 2906 Gravois ave

20. FILED MAY 14 1934 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1934, to May 13, 1934

I last saw her alive on May 13, 1934. Death is said to have occurred on the date stated above, at 5:45 p.m.

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

	Date of onset
Thyrotoxicosis	
Hypertension	
Myocarditis, chronic	

Other contributory causes of importance:
66E Cardiac failure, acute
66E
66E

Name of operation Thyroidectomy Date of 5/12/39

What test confirmed diagnosis? ..... Was there an autopsy? no

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) A. O. Fisher M. D.

(Address) 3720 Washington Blvd.