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

Do not use this space.

32464

SEP 15 1936

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8290

Township ..... Primary Registration District No. 1003 Registered No. 8290

City ST. LOUIS, MO. (No. Cor. Gamble & Jefferson St. Ward)

2. FULL NAME CLARENCE BOSLER

(a) Residence, No. 3127 S. JEFFERSON AV. Ward. 24 (If nonresident, give city or town and State)
(Usual place of abode)

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 THELMA BOSLER.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 8-1911

7. AGE: YEARS 25 | MONTHS 8 | DAYS — | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TRUCK-HELPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Busch Co.

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) MISSOURI

FATHER

13. NAME ANDY BOSLER.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER

15. MAIDEN NAME ALICE PILGER.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT ALLEN SMITH. (ADDRESS) 2032 SIDNEY.

18. BURIAL, CREMATION, OR REMOVAL PLACE IMPERIAL, MO. DATE AUG. 10, 1936

19. UNDERTAKER E. J. Schnurr (ADDRESS) 3125 Lafayette Av.

20. FILED AUG 10 1936 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 30 A.m.

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

	Date of onset
Rupture of both lungs, liver, right kidney, transverse colon with large hemorrhage of chest and abdomen, chiefly bullets from gun in hands of Guy Wessler	

Other ~~contributory~~ causes of importance:
in tavern a 2870 Missouri Ave.

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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? Homicide Date of injury Aug 8, 1936

Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury Gunshot.

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Frank P. Pauley M.D.

(Address) Coroner

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.

WHITE PAPER, WITH CARBONS INK. THIS IS YOUR ORIGINAL

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