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.

DEC 4 1936

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

1. Do not use this space.

File No. 39972

Registered No. 103

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160

Township — Primary Registration District No. #470

City University City (No. 6934 DARMOUTH St. Ward)

2. FULL NAME BERTHA MADELIN BOSCH.

(a) Residence, No. 6934 DARMOUTH St., Ward. (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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: EDW T BOSCH.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB 23 1894

7. AGE: YEARS 42, MONTHS 8, DAYS 6. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: AT HOME
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): MO

FATHER

13. NAME: AUGUST O TRAUTMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER

15. MAIDEN NAME: BERTHA STEHR.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): JANE M BOSCH. 6934 DARMOUTH

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SS PETER=PAUL DATE: Oct. 31 1936

19. UNDERTAKER (ADDRESS): LARRY MULLEN 5165 DELMAR

20. FILED: Oct-29 1936 Lena V. Moeller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/29/36 19

22. I HEREBY CERTIFY, That I attended deceased from 10/10/36, 19..., to 10/28/2636, 19...
I last saw h... alive on 10/28/36, 19... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrosis. Chronic	2
Other contributory causes of importance:	
Myocardial degeneration	2
Anemia (Secondary)	2

131

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? no
If so, specify
(Signed) [signature], M. D.
(Address) [illegible]

Dr. Falk