AUG - 5 1937

ISOLATION HOSPITAL

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

Do not use this space.

25375

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Isolation Hospital St. ..... Ward)

File No. .....

Registered No. 6549

2. FULL NAME George Bosher

(a) Residence, No. 2618 So. Broadway St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	5	12	

OCCUPATION

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

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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Gilbert Bosher

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

MOTHER

15. MAIDEN NAME Lelia Hicks

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

17. INFORMANT B. Buttenuth.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews Cem DATE July 8, 1937

19. UNDERTAKER Weick Bros
(ADDRESS) 2201 So. Grand Blvd.

20. FILED July 7, 1937 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6-1937

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1937, to July 6, 1937
I last saw him alive on July 6, 1937. Death is said to have occurred on the date stated above, at 9.05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	6-22-37
Bronchopneumonia	7-5-37

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Henry J. Ulrich, M.D.
(Address) City Hospital

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.