NOV 15 1937

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

35942

Do not use this space.

791

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 9519

(c) City St. Louis, Mo. (d) Street No. City Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME John C. Bossert.

(a) Residence, No. 3306 North 11th St. St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Amelia Bossert. (Ross.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1873.

7. AGE: 64 YEARS | MONTHS: 0 | DAYS: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist.
9. Industry or business in which work was done, as saw mill, bank, etc. Schlueter Mfg. 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) St. Louis, Mo.

FATHER

13. NAME Charles Bossert.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Kate Schuetle.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Amelia Bossert 3306 N 11th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens. DATE Oct. 13, 1937

19. FUNERAL DIRECTOR (ADDRESS) Math Hermann & Son. 2161 East Fair Ave.

20. FILED OCT 12 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1937.

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.45 A.M. m.

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

Hemorrhage due to Laceration of lungs, liver, and spleen from broken ribs on both sides, as results of being struck by an Automobile driven by one. Date of onset

Other contributory causes of importance:
Hilgar Buchanan, at intersection of 27th Street and Delmare Boulevard about 8:20 P.M. Oct. 9 1937

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 9, 1937
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 Struck by Auto
Nature of injury Laceration of Lungs & Liver

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Alfred J Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, William G. Buckholz, Licensed Embalmer No. 2116

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buckholz, L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed William G. Buckholz

Licensed Embalmer No. 2116

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)