

REC'D JUN 12 1939

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

16934
Do not use this space.

791
1008

Registered No. 4468

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
(b) Township..... Primary Registration District No.....
(c) or City..... St. Louis, Mo. (d) Street No. 4104 Arsenal 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 Mrs. Johanna Bossmann

(a) Residence, No. 4104 Arsenal Street St. 16 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Henry Bossmann		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1865		
7. AGE YEARS 73	MONTHS 8	DAYS 8
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife	
	9. Industry or business in which work was done, as 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) Germany 6		
FATHER	13. NAME William Bischoff	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6	
MOTHER	15. MAIDEN NAME Dorothy Grunewald 6	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT Mr. Herman Meader (ADDRESS) 4106 Arsenal Street		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Cem. DATE May 15, 1939		
19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc. (ADDRESS) 1936 St. Louis Avenue		
20. FILED MAY 15 1939 J. F. Beiderwieden Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1939

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to May 11, 1939
I last saw him alive on May 11, 1939. Death is said to have occurred on the date stated above, at 3:45 P. M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Pernicious Anemia
Date of onset 11-33

Other contributory causes of importance:

Name of operation: _____ Date of: _____
What test confirmed diagnosis? Tuberculin 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? No
If so, specify: _____ M. D.
(Signed) Robert S. Langford (Address) 3115 So. Brent

RECORD WITH UPDATING 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.

Dr. Herbert Langford
3115 S Grand

3-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... 
Licensed Embalmer No. 3737
P. O. Address 1936 (H. Jones)

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.)

If this body is not embalmed, above space should be left blank.