S. No. 2
—11-10-39
v. 5-17-39
I X21492

22628

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

AUG 1 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6236

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 3 1942

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1901 East Grand Blvd
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 6 years.

8. (a) PRINT FULL NAME Theodore Albert Boss, Sr

8. (b) If veteran, name war

8. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isabell E. Boss

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March (Month) 18 (Day) 1883. (Year)

8. AGE: Years 59 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace White Church (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Police Officer

11. Industry or business

FATHER
12. Name Theodore Boss
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Regina Dowling
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Isabell E. Boss
(b) Address 1901 East Grand Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 No. Kingshighway

19. (a) JUL 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942 hour 2.00 minute P.M.

21. I hereby certify that I attended the deceased from Apr 1, 1942 to July 21, 1942 that I last saw him alive on July 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute cardiac decompensation	
Carcinoma of Lung - metastatic	
Due to Carcinoma of Bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene A. Mueller (M. D. or other) M.D.
Address 634 N. Grand Date signed 7-22-42

X47 (Licensed Embalmer's Statement on Reverse Side)

SEP 10 1963

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.