

FILED OCT 21 1942

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 8343

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State. Mo. (b) County. 17

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

(d) Street No. 4422 Delor St.  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Beatrice Bosso

(b) If veteran, name war. None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct. day. 7th  
year. 1942 hour. 7:10 minute. A.M. M.

21. I hereby certify that I attended the deceased from Oct 6th  
1942 to Oct 7th 1942

4. Sex Female 5. Color or race. White

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

(b) Name of husband or wife. Adolph C. Bosso

(c) Age of husband or wife if alive. 74 years

7. Birth date of deceased. July 15th 1874  
(Month) (Day) (Year)

that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death. Robert Pneumonia 1 day

Duration 1 day

8. AGE: Years Months Days If less than one day

68 2 22 hr. min.

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace. St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

Major findings:  
Of operations.....

Of autopsy.....

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

11. Industry or business.....

12. Name. Martin Hoban

13. Birthplace. Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name. Anne Connors

15. Birthplace. Ireland  
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant. Adolph C. Bosso

(b) Address. 4422 Delor St.

17. (a) Burial (b) Date thereof. 10-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New St. Peter & Paul

While at work?.....  
(Specify type of place)

(e) Means of injury.....

23. Signature. J. F. Bredt (M. D. or other).....  
Address. 1124 Grand Date signed. 10/7/42

18. (a) Signature of funeral director. Kriegshauser Mortuaries

(b) Address. 4228 So. Kingshighway Blvd.

19. (a) OCT 8 1942 (b) J. F. Bredt  
(Date received local Registrar) (Registrar's signature)

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

**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 *Edwin A. McArmat*

Licensed Embalmer No. *3024*

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, fact should be so stated above.**