

FILED FEB 4 1943

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County
 (b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3619 Lawn Ave /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3619 Lawn Ave
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Jennie J Bosch
 3. (b) If veteran, name war..... None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 30
 year 1943 hour 12.40 A.M. M.
 21. I hereby certify that I attended the deceased from 1938 to 1-30, 1943
 that I last saw h. alive on 1-29, 1943
 and that death occurred on the date and hour stated above.

4. Sex Female / race White
 5. Color or White
 6. (a) Single, widowed, married, Divorced Widowed
 6. (b) Name of husband or wife Emil Bosch
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Sept 20 1868
(Month) (Day) (Year)

Immediate cause of death.....
Impoverished
Unaffection
 Due to arterio-sclerosis
 Due to Senility
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy..... none

8. AGE: Years Months Days If less than one day
74 4 10 hr. min.

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

10. Usual occupation Housework

11. Industry or business at her home

12. Name Frank Moninger
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Smith
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Lepp
 (b) Address 6319 Lawn Ave

17. (a) Burial (b) Date thereof 2 1 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So. Kinghighway Blvd

19. (a) JAN 31 1943 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

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?
 While at work?.....
(Specify type of place) (e) Means of injury
 23. Signature Bischoff (M. D. or other).....
 Address Correlation ... Date signed 2-1-43

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

MOTHER FATHER

10 AM Sun St. Marys Hosp

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 M. McArthur*

Licensed Embalmer No.....

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.