

**318**

**1003**

Registration District No. ....

Primary Registration District No. ....

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

**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:  
**ST. LOUIS ALTENHEIM 5**  
(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)

3. (a) PRINT FULL NAME **SUSANNA BOSCH.**

3. (b) If veteran, name war..... **NO** 3. (c) Social Security No. .... **NO**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **NICHOLAS** 6. (c) Age of husband or wife if alive..... **83** years

7. Birth date of deceased..... **JULY 13 - 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>7</b>	<b>-</b>	..... hr. .... min.

9. Birthplace..... **AUSTRIA HUNGARY 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **HOUSEWIFE**

11. Industry or business..... **UNKNOWN**

MOTHER FATHER { 12. Name..... **UNKNOWN 9**  
13. Birthplace..... **UNKNOWN 9**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **UNKNOWN**  
15. Birthplace..... **UNKNOWN 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **John W. Stover**  
(b) Address..... **5408 S. BROADWAY**

17. (a) **BURIAL** (b) Date thereof..... **FEB. 12 - 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **NEW ST. MARCUS CEM**

18. (a) Signature of funeral director..... **J. P. M... J.**

(b) Address..... **7128 MICHIGAN**

19. (a) **FEB 14 1943** (b) **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **MO** (b) County.....  
(c) City or town..... **ST LOUIS.** **15000**  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... **5408 S. BROADWAY** **17**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) **A**  
If yes, name country..... **O**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month..... **FEB** day..... **13**  
year..... **1943** hour..... **8** minute..... **20** A. M.

21. I hereby certify that I attended the deceased from **1939** to **Feb 13, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary thrombosis** **3 days**  
Due to..... **Ch. Myocarditis**  
**arteriosclerosis** **9/10**  
Due to..... **None**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **None**  
Of autopsy.....

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..... **Max Starbuck** (M. D. or other) **MD**  
Address..... **512 2nd St** Date signed..... **2/14/43**

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**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.....

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.**