V. S. No. 2
DM—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3949

State File No. 1938

FILED MAR 10 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3118 Elliot 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3118 Elliot 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marie Bosse

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 John E Bosse

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 6, ~~1889~~ 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	8	20	hr. min.

9. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Henry Rueter
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Schutter
15. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mr John E Bosse
(b) Address 3118 Elliot

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St Peter's Cemetery

18. (a) Signature of funeral director Joseph A Howard
(b) Address 4212 St Louis Avenue

19. (a) FEB 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1943 hour 5 minute a M.

21. I hereby certify that I attended the deceased from 1935, 19, to 2/25, 1943.
that I last saw her alive on 2/24/43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chronic

Due to 93

Due to

Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 John Luemler (M. D. or other) MD
Address 1504 So Grand Date signed 2/26/43

(Licensed Embalmer's Statement on Reverse Side)

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 Jos H Howard

Licensed Embalmer No. 4139

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.