

FILED JAN 4 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

(d) Length of stay: In hospital or institution 6 hours
(Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 4433 S. Grand
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME George Bosch

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1943 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 15, 1943 to Dec 23, 1943
that I last saw him alive on Dec 23, 1943
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Bosch

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: August 13, 1874
(Month) (Day) (Year)

Immediate cause of death Bronchus Pneumonia

Due to Jaundice 18 days

Due to 27

Other conditions 27
(Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 4 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation Harness Business
3822 S. Broadway

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Henry Bosch

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

14. Maiden name Barbara Ley

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

16. (a) Informant Carrie Bosch

(b) Address 4433 S. Grand Ave.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 12 27 43
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Jack W. Aldrich, Ind. Co.

(b) Address 3634 Gravois Avenue

19. (a) DEC 27 1943
(Date received local registrar) J. F. Brudersack
(Registrar's signature)

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 William Dink (M. D. or other) _____
Address 3450 Gravois Date signed _____

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..... *Frank J. DuVand*
Licensed Embalmer No..... *2675*
P. O. Address..... *St Louis Mo*

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.