

FILED MAY 2 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 St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3518 a Nebraska /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 73 Years (Specify whether years, months or days)  
In this community 73 Years

3. (a) PRINT FULL NAME John Bosche

3. (b) If veteran, name war no 3. (c) Social Security No. 488-18-1661

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 13 years (Month) (Day) (Year)

7. Birth date of deceased August 13 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Ret. Commission Man

11. Industry or business

12. Name George Bosche

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Schloessman

(b) Address 3518 a Nebraska

17. (a) burial (b) Date thereof 4-22-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director W. Schmacher  
(b) Address 3013 Meramec

19. (a) APR 21 1944 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 24  
(d) Street No. 3518 a Nebraska (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1944 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from April 14 1944 to April 19 1944; that I last saw him alive on April 19 (9 p.m.) 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Cardio-Vascular Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 Wm. F. Simon M.D. (M. D. or other)  
Address 115 Vector St. (Tel. Gr. 0074) Date signed 4-20-44

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

**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 W E Morris

Licensed Embalmer No. 3360

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.