V. S. No. 2
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Rev. 5-1
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1946

State File No. 7201

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1444

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

317

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: 0
St.Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 62 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis, Mo. 1717
(If outside city or town limits, write "RURAL")

(d) Street No. 4046 Flad 9
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALBERT BOSCHE

3. (b) If veteran, name war --

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie Luttrell

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May (Month) 18 (Day) 1883 (Year)

8. AGE: Years 62 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation Candy maker

11. Industry or business National Candy Co. 1943

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

MOTHER
14. Maiden name Anna LaMott
15. Birthplace (City, town, or county) Alsace Loraine (State or foreign country)

16. (a) Informant Mrs. Fannie Bosche
(b) Address 4046 Flad Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Biederwieden Funeral Hm
(b) Address 1936 St. Louis Ave

19. (a) FEB 12 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1946 hour 6.40 minute p. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Intoxication following Infarcted Ulcer of the Stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy

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 Robert E. Taylor (M. D. or other)
Address Date signed 2/10/46

(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: Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.