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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14873

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3903

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3821 E. 58th St. Terrace N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Leonard Bossert
3. (b) If veteran, name war No
3. (c) Social Security No. 486-01-3118
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna M. Bossert
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased June (Month) 3 (Day) 1903 (Year)

8. AGE: Years 43 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Unemployed

MOTHER FATHER
12. Name Albert T. Bossert
13. Birthplace Stuttgart (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Elizabeth Schermann
15. Birthplace Kansas City (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Anna M. Bossert
(b) Address Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1947 hour 5 minute 45 A M.

21. I hereby certify that I attended the deceased from March 23, 1947, to April 14, 1947 that I last saw him alive on April 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pachymeris Lyadeone

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 87

Major findings: Of operations Same

Of autopsy None

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 0

23. Signature D. M. Blaume (M. D. or other) M. D.
Address 4952 Maryland Date signed 4/14/47

(Licensed Embalmer's Statement on Reverse Side)

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....J. Allen Davis Jr.

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.