S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40415

FILED DEC 8 1947

Registration District No. 3477

Primary Registration District No. 3068

Registrar's No. 2487

96
5
3

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2541 Bredell Ave. 1
(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 St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2541 Bredell Ave. 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Bertha Bosse

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Fred Bosse

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

7. Birth date of deceased February (Month) 2 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	9	28	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

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

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mr. Grover Bosse
(b) Address 7634 Alicia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 12-2-47 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from aug 16, 1947, to nov 30, 1947; that I last saw her alive on Nov 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic myocarditis	years
Due to	
Due to	
Other conditions: Cerebral Hemorrhage (Include pregnancy within 3 months of death)	3mo

9 3d

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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 Vincent F Townsend (M. D. ~~or other~~)

Address 3101 C Sutton Ave Maplewood Mo Date signed 12.1 47

Jefferson City Printing Co. (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.....

Licensed Embalmer No.....3575.....

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.