S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42865

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11561

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oak
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3019 Texas. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME EDWARD BOSSE
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY 5TH (Month) (Day) 1896 (Year)

8. AGE: Years 51 Months 7 Days 13 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
12. Name Ed. Bosse (Father)
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
14. Maiden name Not known (Mother)
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Theresa Bener
(b) Address 3019 Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Bud. Yard
18. (a) Signature of funeral director Langbaumalle
(b) Address 3819 S. Grand
19. (a) DEC 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th year 1947 hour 8 minute 40 AM
21. I hereby certify that I attended the deceased from 10/23/47 to Dec. 18th 1947 that I last saw him alive on Dec. 18th 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary TBc	10 yrs
Due to	
Due to: Genl TBc	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: None	

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
23. Signature (M. D. or other) MD
Address 1515 Lafayette Date signed 12/18/47

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Dthanis 8 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.