No. 300
10.48

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6185

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1048

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

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1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 5800 Arsenal St.

13 2129

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Bosse
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) JANUARY 29, 1956.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Oct.12,1877
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months 3 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker
10b. KIND OF BUSINESS OR INDUSTRY Shoe Mfg.Co.
11. BIRTHPLACE (City and State or Foreign Country) St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Bosse
13b. MOTHER'S MAIDEN NAME Louise Ginner
14. NAME OF HUSBAND OR WIFE Abbie Bosse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mr.Oscar Vitt ADDRESS 4953 Theodore Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia—rt. lung — Bronchopneumonia - Right Lung — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized Arteriosclerosis Years
Hypertension - cause unknown Years

Ok James M. Kelly Deputy Coroner 2-2-56

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION hypertension-cause unknown 491 X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-28, 1956, *to* 1-29, 1956, *that I last saw the deceased alive on* 1-29, 1956, *and that death occurred at* 12:55 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE John F. Clisham (Degree or title) M.D.
John F. Clisham M.D.
23b. ADDRESS 1515 LAFAYETTE AVE.
23c. DATE SIGNED 1-30-56.

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 2-1-56
24c. NAME OF CEMETERY OR CREMATORY St.Johns Cemetery
24d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.

DATE REC'D BY LOCAL REG. JAN 31 1956
REGISTRAR'S SIGNATURE Earl Smith MD MDB.
25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed... Albert Thompson

Licensed Embalmer No. 423

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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