

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7555

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp..... Primary Registration District No. 1003
 City St. Louis, (No. 4430 Alaska Avenue.) St. Ward)

File No.
 Registered No. 1910

2. FULL NAME

Frank F. Koesters.

(a) Residence. No. 4430 Alaska Avenue, St., 15 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria H. Koesters.		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1842.		
7. AGE YEARS 88	MONTHS 4	DAYS 1
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Blacksmith. (b) General nature of industry, business, or establishment in which employed (or employer) Retired 20 years. (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Charles Co., Mo., /**

10. NAME OF FATHER **Herman Koesters.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

12. MAIDEN NAME OF MOTHER **Dont know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Dont know. 31**

14. INFORMANT Frank Koesters
 (Address) 4430 Alaska Avenue.

15. FILED 13 1931
 REGISTERAR Max C. Harber

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11 1931

17. I HEREBY CERTIFY, That I attended deceased from 9th July 1931 to July 11th 1931, that I last saw him alive on July 11th 1931, and that death occurred, on the date stated above, at 9:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchopneumonia

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF (1)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
W. H. Jones M. D.

(Signed) W. H. Jones M. D.
2/12 1931 (Address) 1544 So Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **SS. Peter & Paul Cemetery** DATE OF BURIAL **Feb. 14 1931.**

20. UNDERTAKER W. H. Jones & Sons Co ADDRESS **2842 Meramec**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

