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

Do not use this space.
14676

**1. PLACE OF DEATH**

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis. (No. 4430 Alaska Ave. St. ..... Ward)

File No. .....
Registered No. 3175

**2. FULL NAME** Frank Koesters

(a) Residence, No. 4430 Alaska Ave. St., 15 Ward.
(Usual place of abode) (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married. |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irma Koesters.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8, 1885.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | -- | 26. | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe-worker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Co. Mo.

**FATHER**

13. NAME Frank F. Koesters.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co., Mo.

**MOTHER**

15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Irma Koesters 4430 Alaska Ave.

18. BURIAL, CREMATION, OR REMOVAL
SS. PLACE Peter & Paul Cem. DATE Apr. 7, 1933.

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED APR -5 1933 19 Max C. Hardy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29th, 1933 to April 4th, 1933
I last saw him alive on April 4th, 1933. Death is said to have occurred on the date stated above, at 8 40 A m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:
La Grippe

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Ralph A. Meyer, M. D.
(Address) 4461 Virginia Ave