

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.

JAN 26 1934
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866

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

Do not use this space.

41253

1. PLACE OF DEATH
 County St. Louis Registration District No. 786
 Township Central Primary Registration District No. 4769
 City Maplewood (No. 7395, Glora Blvd) Registered No. 63
 St. _____ Ward _____

2. FULL NAME Sophia Jimm Koester
 (a) Residence, No. 7395 Glora Blvd St. _____ Ward Maplewood
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Her Koester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 7 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Mo

13. NAME John Jimm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louise Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Koester
 (ADDRESS) 7395 Glora Blvd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Hill DATE 12-16-1933

19. UNDERTAKER Louis S. Papp
 (ADDRESS) Nishwood Mo

20. FILED Dec 13 1933 Pauline Breitwieser
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to Dec 13, 1933
 I last saw her alive on Dec 13, 1933. Death is said to have occurred on the date stated above, at 11 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
131
8VA
 Other contributory causes of importance:
Chronic Rheumatism Nephritis
 Name of operation none Date of _____
 What test confirmed diagnosis? (Physical findings as there an autopsy?) no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Vincent J. Townsend, M. D.
 (Address) 3101 9 Sulta Ave Maplewood Mo

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2033 General.