

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Township.....

City St. LouisFEB 8 1937

Registration District No.....

Primary Registration District No.....

(No. 4228 Hunt Ave.)7911003

File No.....

Registered No.....

St. .... Ward)

3425457**2. FULL NAME** John F.W. Koester(a) Residence, No. 4228 Hunt Ave. St. 18 Ward. 1

(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**Male**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Augusta Koester**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May 17th 1865**7. AGE**YEARS 71MONTHS 7DAYS 25

If LESS than 1 day, .....hrs. or .....min.

**OCCUPATION****8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.** Shipping clerk**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Liggett & Myers Tobacco Co.**10. Date deceased last worked at this occupation (month and year)** 2-21-36 **11. Total time (years) spent in this occupation**.....**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Illinois**13. NAME** Christ Koester**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany**15. MAIDEN NAME** Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany**17. INFORMANT** Mrs. Augusta Koester  
(ADDRESS) 4228 Hunt Ave.**18. BURIAL, CREMATION, OR REMOVAL**PLACE Sunset DATE 1-13 1937**19. UNDERTAKER** Kriegshauser Mortuaries  
(ADDRESS) 4228 So. Kingshighway**20. FILED** JAN 12 1937

Registrar.

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 1-11 1937**22. I HEREBY CERTIFY, That I attended deceased from**July 20, 1936, to Jan 11, 1937I last saw him alive on Jan 10 1937, 19..... Death is saidto have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset

?**Other contributory causes of importance:**Arteriosclerosis  
Chronic nephritis

Name of operation..... Date of.....

What test confirmed diagnosis? symptoms 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) F. B. McDonald M.D.(Address) Fairgrounds Hotel  
St. Louis

Dr Frank McDonald  
Fairgrounds Hotel

Co 2440

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