

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

36211
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 2
 (b) Township..... Primary Registration District No. 1008
 (c) City St. Louis, (d) Street No. 4111a California Ave. Registered No. 9788
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 1 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Myrtle Koesters

(a) Residence, No. 4111a California Ave. St. 15
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William G. Koesters
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19, 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 6 1
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Illinois

FATHER 13. NAME Robert Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT William G. Koesters
 (ADDRESS) 4111a California Ave.

18. BURIAL, CREMATION, OR REMOVAL
New SS. Peter and Paul Cem. Oct 23 1937

19. FUNERAL DIRECTOR J. Wickham & Co.
 (ADDRESS) 2842 Meramec St.

20. FILED OCT 21 1937 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician.
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis;

Other contributory causes of importance:
Chronic Nephritis;
Arteriosclerosis.

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

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.
See above

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Arteriosclerosis
 (Signed) Alfred J. Perry, M.D.
 (Address) Deputy Coroner

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.

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STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

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