NOV 17 1937

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

Do not use this space.

File No. 37608

Registered No.

1. PLACE OF DEATH
County: Franklin
Township: ~~Union~~
City: Union (No. , St. Ward)

Registration District No. 296
Primary Registration District No. 4180

2. FULL NAME: Unamed Koester Twin # 2

(a) Residence, No. Union, Mo. St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 3, 1937

7. AGE: YEARS —; MONTHS —; DAYS; If LESS than 1 day, 2 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Union Missouri

FATHER
13. NAME: Geo. W. Koester
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union, Missouri

MOTHER
15. MAIDEN NAME: Martha M Scharwarth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gildehaus Missouri

17. INFORMANT (ADDRESS): Geo. W. Koester Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union, Mo. DATE: Nov. 5 1937

19. UNDERTAKER (ADDRESS): Union Funeral Home (Wm. Korn) Union, Mo.

20. FILED: Nov 1937 J. Marshall M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1937, to 11-3, 1937

I last saw h. alive on 11-3, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Prematurity

Date of onset

Other contributory causes of importance:

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) H. M. Denny, M. D.
(Address) Union Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.