

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Union
City Union

Registration District No. 296
Primary Registration District No. 4180

File No. 37610
Registered No. _____
St. _____ Ward _____

2. FULL NAME Unamed Koester Twin # 1

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 11-3-1937 to 11-4-1937

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

I last saw h. l. m. alive on 11-3-1937 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9 hrs.

to have occurred on the date stated above, at Union, Mo.
The principal cause of death and related causes of importance were as follows:

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 _____

Pneumonia Date of onset _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Union
(STATE OR COUNTRY) Missouri

13. NAME Geo. W. Koester

14. BIRTHPLACE (CITY OR TOWN) St. Elizabeth
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Martha I. Scharwarth

16. BIRTHPLACE (CITY OR TOWN) Gildehaus
(STATE OR COUNTRY) Mo.

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

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

19. UNDERTAKER Union Funeral Home (7m. Horn)
(ADDRESS) Union, Mo.

20. FILED Nov 27 1937 J. R. Marsh Registrar

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. Lenny 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.

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