

DECEMBER 12 1938

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

30705
Do not use this space.

791
1008

1. PLACE OF DEATH

(a) County St. Louis Registration District No. V
(b) Township St. Louis Primary Registration District No. 1008
(c) City St. Louis (d) Street No. Deaconess Hospital Registered No. 8142
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred - yrs. 1 mos. 3 ds. (f) How long in U.S., if of foreign birth? 36 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mrs. Margaret Koser 2611 St. MP Ashley Ill
(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 Oswald Koser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4 1879

7. AGE YEARS 59 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year) Aug 1938 11. Total time (years) spent in this occupation 31

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

FATHER 13. NAME Peter Kleinbauer

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

MOTHER 15. MAIDEN NAME Margaret Becker

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

17. INFORMANT (ADDRESS) Hospital Record St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Airy DATE Sept 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. H. L. Wall Mount Airy Ill.

20. FILED SEP 14 1938 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1938 to Sept 13 1938
I last saw her alive on Sept 13 1938. Death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 9-13-38
1/6/38
Other contributory causes of importance: Carcinoma of stomach Jan '38

Name of operation Gastro-Enterostomy Date of Aug 24 38
What test confirmed diagnosis? None Was there an autopsy? No

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? No
If so, specify _____
(Signed) A. R. Sheffler, M. D.
(Address) 1028 N. State Bldg
St. Louis

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, E. J. L. Moll

....., or by

Registered Apprentice No., working under my personal supervision.

Signed E. J. L. Moll

Licensed Embalmer No. 2898

P. O. Address Muscutub Id

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.)

If this body is not embalmed, above space should be left blank.