

1939 JUN 12 1939

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

791
100817418
Do not use this space.

Registered No. 4952

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City or St. Louis (d) Street No. City Hospital No. 1 St.
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

E. 713

2. PRINT FULL NAME

Herman Koste

(a) Residence, No. 225 South Broadway (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

Lena Koste6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) Missouri13. NAME Herman Koste14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland15. MAIDEN NAME Elizabeth Kisthenste16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Hosp. Info M. Kent18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE June 1, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle
2331 S. Broadway20. FILED MAY 31 1939 J. B. Bruders Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29/39, 1922. I HEREBY CERTIFY, That I attended deceased from 4/19/39 to 5/29/39, 19

I last saw him 5/29/39, 19. Death is said to have occurred on the date stated above, at 9.10 p m.

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

Carcinoma of Esophagus
Lung Abscess

Date of onset

1938

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Biopsy 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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr. J. H. Houghton, M. D.
(Address) City Hospital No. 1

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, or by.....

Frank J. Wyland Sr.

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Frank J. Wyland Sr.

Licensed Embalmer No.

2645

P. O. Address.....

Stoums Me

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.