

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. 7911 1008 Primary Registration District No. NOV 23 1939

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Psychopathic Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 6 weeks. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis, 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4629 Michigan Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Rosa G. Koesters 236
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred W. 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April 27 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 1 If less than one day
hr. _____ min. _____

9. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Rueve
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Dont know
15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. Adam Bestman
(b) Address 4629 Michigan Ave.

17. (a) Burial (b) Date thereof Oct. 31, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: New SS. Peter & Paul

18. (a) Signature of funeral director J. N. G. ...
(b) Address 2842 Meramec St.

19. (a) OCT 30 1939 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 28th
year 1939 hour 6:35 minute _____ A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia;
Arterio Sclerosis;
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 10.30.39

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Loron E. Perry
Licensed Embalmer No. 4094
P. O. Address 2842 Meramec St.
St. Louis, Mo.

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.