

No. 2
4-13-40
5-17-39
I X23158

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5469**
Registrar's No. **1717**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St Louis**
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Johns Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
In this community **51 YEARS**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **COO**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5450 Union Ave**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Amelia Kostedt**

3. (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 **Oscar Kostedt** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **January 22 1890**
(Month) (Day) (Year)

8. AGE: Years **51** Months **--** Days **29** If less than one day hr. min.

9. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Unknown Woodkoetter**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oscar Kostedt**

(b) Address **5450 Union Ave**

17. (a) **Burial** (b) Date thereof **Feb 24 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Beldersweden Funeral Home Inc**

(b) Address **1936 St Louis Ave**

19. (a) **FEB 24 1941** (b) **J. H. Bredenk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **21**
year **1941** hour **11:00** minute **P** M.

21. I hereby certify that I attended the deceased from **Feb 1**
_____, 19**41**, to **Feb 21**, 19**41**;
that I last saw him alive on **Feb 21**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Failure**
acute yellow atrophy of liver

Due to **Carcinoma of abdominal**

Due to **Carcinoma of left breast**

Other conditions: **metastatic carcinoma**
(Include pregnancy within 3 months of death)
with 12th dorsal vertebrae

Major findings: _____
Of operations _____

Of autopsy **50**

Duration
1 day
1 yr
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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **A. H. Brunner** (M. D. or other) **MD**
Address **455 Maryland** Date signed **2/22/41**

2001 02 2001

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.....

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

Signed.....

[Handwritten Signature]

Licensed Embalmer No.

2737

P. O. Address.....

1926 N. Louise

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, fact should be so stated above.