

V. S. No. 2  
50M-542  
Rev. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11441  
State File No. 11441  
Registrar's No. 359

FILED APR 15 1943  
Registration District No. 101

Primary Registration District No. 101

96  
32  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(d) Length of stay: In hospital or institution 1 day 35 min.  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Lemay  
(d) Street No. Telegraph & Sappington Rd.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Zella Koester  
3. (b) If veteran, name war None  
3. (c) Social Security No. 489-95-2566

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 5  
year 1943 hour 12:00 minute midnight

4. Sex female 5. Color or face white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 26 years

21. I hereby certify that I attended the deceased from 3-4-43  
to 3-5-43  
that I last saw her alive on 3-5-43  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb. 26 1910  
8. AGE: Years 33 Months 0 Days 7  
If less than one day hr. min.

Duration  
Immediate cause of death  
Pneumonia - lobar 1 Week  
involving all 5 lobes.  
Due to Type I

9. Birthplace Tulsa Okla.  
10. Usual occupation Seamstress

Other conditions  
Major findings: 108  
Of operations  
Of autopsy lobar pneumonia  
Underline the cause to which death should be charged statistically.

11. Industry or business  
12. Name John Koester  
13. Birthplace Miller County Mo.  
14. Maiden name Cela Whalen  
15. Birthplace Elizabethtown Mo.

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant John Koester  
(b) Address Route 9, Box 236 Lemay, Mo.  
17. (a) Removal March 6, 1943  
(b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation Cape Girardeau, Mo.  
18. (a) Signature of funeral director C. Hoffmeister U.d.I. Co.  
(b) Address 7814 S. Broadway  
19. MAP 8 1943 (Date received local registrar)  
(b) [Signature] (Registrar's signature)

23. Signature [Signature] (M. D. or other) M.D.  
Address St. Louis to Hospital Date signed 3-5-43

MAP 8

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

*Louis C. Hoffmeister*

Licensed Embalmer No. *38171*

P. O. Address *7814 S. Broadway*

**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.**