

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **24**

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:
NONE 1042 GIMBLIN ST/
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether
years, months or days) 32 yrs.

In this community 32 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1042 GIMBLIN ST.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)?
If yes, name country _____

3. (a) PRINT FULL NAME EMMA KOESTERER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 1
year 1946 hour 12²⁰ minute P. M.

21. I hereby certify that I attended the deceased from Dec 31
1945, to Jan 1, 1946
that I last saw her alive on Dec 31, 1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ARONPH KOESTERER

6. (c) Age of husband or wife if alive - - - years

7. Birth date of deceased July 3 1895
(Month) (Day) (Year)

Immediate cause of death Tuberc Pneumonia

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>5</u>	<u>29</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

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

10. Usual occupation HOUSE WIFE

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name UN KNOWN

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

14. Maiden name UN KNOWN

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

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? _____

16. (a) Informant Stella Wagner

(b) Address 1042 Gimblin St.

17. (a) BURIAL (b) Date thereof JAN. 4 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALVARI CEM.

18. (a) Signature of funeral director Suzette P. Howe

(b) Address 8319 Halls Ferry

19. (a) 1-3-46 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

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

23. Signature James S. Meritt (M. D. or other) M.D.
Address 4022 N. 9th Street Date signed 1/1/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2721

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 Henry M Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.