

No. 2  
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-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6213**

FILED FEB 13 1946  
Registration District No. 160

Primary Registration District No. 3080-5592

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Route #2, Festus, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jays

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Tellier

(c) City or town Route # 2, Festus, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME ADALIA KOESTER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CHRISTIAN J. KOESTER

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

7. Birth date of deceased NOVEMBER 14, 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 9, year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Judy 1944 to Feb 1946  
that I last saw Jay alive on Feb 7 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>25</u>	_____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio sclerosis + Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Duration 1 hr

5 year

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: None 830

Of operations \_\_\_\_\_

Of autopsy None

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 Wm C. Modell (M. D. or other) MD  
Address Meriden, Missouri Date signed 2/9/46

MOTHER FATHER

12. Name (Unknown) Struve

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

14. Maiden name Unknown

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

16. (a) Informant Walter Koester

(b) Address 2148 Allen, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 2/12/1946  
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm C. Modell

(b) Address 1926 Allen Ave., St. Louis, Mo

19. (a) Feb 8 1946 (Date received from registrar)

(b) Clare Brown (Registrar's signature)

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

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(Licensed Embalmer's Statement on Reverse Side)

