S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED APR 24 1946

1003

State File No. 14913

Registration District No. 318

Primary Registration District No.

Registrar's No. 3597

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

13813

**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: Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 500

(c) City or town St. Louis 12/17
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar Blvd 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Theodore Taylor Koester

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Charlotte Smith

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

7. Birth date of deceased Sept. 26, 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 22 If less than one day hr. min.

9. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

10. Usual occupation Millwright worker

11. Industry or business RETIRED

FATHER
12. Name Henry Koester
13. Birthplace Nymwegn, Holland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna Hezelmann
15. Birthplace Holland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar Blvd. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-46
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director A. Kron La U. Co
(b) Address 2707 N. Grand

19. (a) APR 19 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 18th, year 1946 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from April 18th, 1948 to April 18, 1946 that I last saw him alive on April 18th, 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to Cerebral-Hemorrhage | 2days |
| Due to Hypertension | 2yrs. |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 0

23. Signature John Lamberg (M. D. or other)

Address 505 N Kingsland Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address 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, fact should be so stated above.**