S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18607

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4328

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Firman Desloge Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 26 000

(c) City or town 3248 n 20 Th Str 17
(If outside city or town limits, write "RURAL")

(d) Street No. St Louis 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Koester, Joseph

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Wilhelmina Koester

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

7. Birth date of deceased Oct. 5 Th 1866
(Month) (Day) (Year)

8. AGE: 79 Years 7 Months 7 Days
~~80~~ ~~5~~ ~~8~~
If less than one day hr. min.

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

10. Usual occupation Wheel Moulder

11. Industry or business Retired

FATHER
12. Name Bernard Koester
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Therisa Mueller
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Wilhelmina Koester 1
(b) Address 3240 N 20 Th Str 1946

17. (a) Burial (b) Date thereof May 16 Th
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str

19. (a) MAY 14 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 3:57 minute P M.

21. I hereby certify that I attended the deceased from May 1, 1946, to May 12, 1946
that I last saw him alive on May 12, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	15 days
Due to: Arterosclerosis with Hypertension	10 Years
Due to:	
Other conditions: Arterosclerotic Heart Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) No
(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 R W Hibbert Jr (M. D. or other) M.D.
Address 1325 S Grand Date signed 13 May 46

(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 John Hetter

Licensed Embalmer No. 3880

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.