

S. No. 2
M-5-43
5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED SEP 30 1946 STANDARD CERTIFICATE OF DEATH

31429

State File No. _____
Registrar's No. 1987

Registration District No. 317 Primary Registration District No. 6676

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural
(c) Name of hospital or institution: Bellefontaine & June Dr.
(If not in hospital or institution, write street number or location) None
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bellefontaine Rd. & June Dr.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Koester
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 23,
year 1946 hour 8:00 PM minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 28, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 7, 1943, to Sept 23- 1946
that I last saw her alive on Sept 29- 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 9 6 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 2 days
Due to hypertension & arteriosclerosis

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation At home

Due to 830
Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Claus Koester
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Amalia Rippe
15. Birthplace Unknown Germany 11
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs V.H. Carter
(b) Address Bellefontaine & June Dr.
17. (a) Burial (b) Date thereof 9/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

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? _____

18. (a) Signature of funeral director Math Hermann & Son
2161 East Fair Ave
(b) Address
19. (a) 9-25-46 (b) Rolph J. Allon
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature Louis J. Culkin M.D. (M. D. or other)
Address 3720 Ash Grove Ave Date signed 9-24-46

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

16
0
0

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 William G. Buchholz,

Licensed Embalmer No. 2110

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.