. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

18934

State File No.

FILED JUN 13 1947

Registration District No. 318

Primary Registration District No.

Registrar's No. 5418

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

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: City Hospital #1
(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 Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5411 Cologne Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rose Mary Hester

3. (b) If veteran, name war ******

3. (c) Social Security No. 495-18-5556

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 September 22 1923
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
23	8	8	hr. min.

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

10. Usual occupation Waitress

11. Industry or business

FATHER
12. Name
13. Birthplace Arthur Hester
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Missouri
15. Birthplace Theresa Frederick - Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant ~~Missouri~~ Theresa Engelbach

(b) Address 5411 Cologne Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Zilgenhein Bros

(b) Address 6409 Gravois Ave

19. (a) JUN 2 1947 (Date received local registrar) (b) J. F. Brederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day May
year 1947 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 4/24/47
, 19, to May 30th, 1947
that I last saw h alive on May 30th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? Means of injury

23. Signature 1515 Lafayette (M. D. or other)

Address Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) A.H. Braden

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 Homer W. Inch

Licensed Embalmer No. 3282

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.