

No. 2
1-13
17-39

FILED JAN 26 1948

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(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.....
(c) City or town O'Fallon
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Walter Monroe Roster
3. (b) If veteran, name war. No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Divorced
6. (b) Name of husband or wife. Isabelle Edwards 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. Feb. 7, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	11	7hr.min

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

10. Usual occupation. Building contractor

11. Industry or business.....

12. Name. John Roster

13. Birthplace. Sullivan, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name. Susan Martin

15. Birthplace. Franklin County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Alverda Asher

(b) Address. 5151 Carson Rd., Normandy, Mo.

17. (a) Burial (b) Date thereof. 1/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Grove Cemetery

18. (a) Signature of funeral director. Robt. J. Ambruster, Inc.

(b) Address. Clayton Rd. at Concordia Lane

19. (a) 1-19-48 (b) Thannie Hamilton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1948 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from 12/31/47 19..... to 1/11/48 19.....
that I last saw him alive on 1/13/48 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Terminal Bronchopneumonia
Due to.....
Gen. carcinomatosis
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Gen. carcinomatosis
Of autopsy..... No autopsy

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?.....

23. Signature. R. J. Bredtke (M. D. or N.M.D.)
Address. 126 S. Main St., St. Charles Date signed 1/11/48

MOTHER FATHER

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

92
0
0
1

Duration

1 day

8 mo

PHYSICIAN
STATE
cause of
which death
should be
charged
statistically.

Date Filed 1/23/48
District No. Number

District Health Officer No. 9,
RECEIVED

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb
Registrar's No. 10

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter M. Bester
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Set 7 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month _____, year 1947, hour _____, minute 15 P.M.
21. I hereby certify that I attended the deceased from 12/31/47 to 1/14/48, 1948 and that death occurred on the date and hour stated above. 1948
Immediate cause of death _____
Duration _____

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country) No

Primary site of carcinoma
Due to undetermined
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 55F
Of operations _____
Of autopsy _____

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)
16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature R Bester (M. D. or other) _____
Date signed _____

SUPPLEMENTAL

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

S-2129

1-11-51

11

11-11-51