S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 59-10
Registrar's No. 297

Registration District No. 306 Primary Registration District No. 10048

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town O'Fallon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Institute
(If not in hospital or institution, write street number or location)
(d) Length of stay: In ~~hospital or~~ institution 63 years (Specify whether years, months or days)
In this community 63 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town O'Fallon
(If outside city or town limits, write "RURAL")
(d) Street No. St. Mary's Institute
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sister Mary Eusebia Hoesters

3. (b) If veteran, name war

3. (c) Social Security No.

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 June (Month) 6, (Day) 1864 (Year)

8. AGE: Years 83 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name Anthony Hoester
13. Birthplace Cologne (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Gertrude Tebe
15. Birthplace Gessen (City, town, or county) Germany (State or foreign country)

16. (a) Informant Sister M. Dominica, C.PP.S.
(b) Address O'Fallon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof February 10 (Month) (Day) 1948 (Year)
(c) Place: burial or cremation O'Fallon, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Son
(b) Address St Charles Mo.

19. (a) 2-11-48 (Date received local registrar) (b) E. A. Kuttler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1948 hour 9:05 minute P M.

21. I hereby certify that I attended the deceased from Jan 1947, to Feb 7 1948 that I last saw her alive on 1 Feb 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: encephalomalacia	3 yrs
Due to: generalized arteriosclerosis	15 yrs
Due to:	
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

23. Signature Lawrence D. Behan (M. D. or other) MD
Address O'Fallon Mo Date signed 2-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
Date Filed FEB 18 1948
Office File Number

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 Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles

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.