

Registration District No. 367 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 Days (Specify whether
In this community 47 Days years, months or days)

3: (a) PRINT FULL NAME KOESTERER, Edward
3: (b) If veteran, name war WW-1 3: (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6: (a) Single, widowed, married, divorced Married
6: (b) Name of husband or wife Emily 6: (c) Age of husband or wife if alive 34 years
7. Birth date of deceased December 27 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 10 hr. min.

9. Birthplace Freeburg, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Coal Miner

11. Industry or business
12. Name Joseph Koesterer
13. Birthplace Freeburg, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Rhinehelmer
15. Birthplace Freeburg, Ill.
(City, town, or county) (State or foreign country)

16: (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17: (a) Burial (b) Date thereof 7-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freeburg, Ill.

18: (a) Signature of funeral director Renner Fu. Home
(b) Address Freeburg, Ill.
19: (a) 7-8-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Saint Clair
(c) City or town Freeburg 999
(If outside city or town limits, write "RURAL") 11
(d) Street No. Box 144 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) L
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7
year 1948 hour 12:55 minute A. M.
21. I hereby certify that I attended the deceased from May 21, 1948 to July 7, 1948; that I last saw him alive on July 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA
(HYPERNEPHROMA, RIGHT KIDNEY, WITH BONE METASTASES)
Due to Contributory cause:
Malnutrition
Other conditions 620
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy Autopsy not performed

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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) Nature of injury
L.E. Stilwell
23. Signature L.E. Stilwell (M.D. 2002)
Address VAH, Jeff. Bks. Mo. Date signed 7/7/48

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

MOTHER, FATHER

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

not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

Geo. Renner

Licensed Embalmer No.

2314

P. O. Address

Belleville, Ill.

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.