FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27512

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7661

WRITE PLAINLY—USE 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:
St. Anthonys Hospital O
(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 600

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3703 Koeln Ave/ 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HELEN BESTMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race White

6. (a) Single, widowed, married/divorced married

6. (b) Name of husband or wife Carl

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May (Month) 18 (Day) 1898 (Year)

8. AGE: Years 50 | Months 3 | Days 9 | If less than one day hr. min.

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

10. Usual occupation house work

11. Industry or business at home

FATHER
12. Name Fred Koester
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rose Rueves
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Carl Bestman
(b) Address 3703 Koeln Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 31-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) AUG 31 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1948 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 1, 1948 to Aug 27, 1948
that I last saw him alive on Aug 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerular Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Chronic Glomerular Nephritis

Duration

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 A. W. Oakes O (M. D. or other)

Address St Anthony Date signed

(Licensed Embalmer's Statement on Reverse Side)

1992

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 J. Allen Lamb

Licensed Embalmer No. 4053

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.