

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27918**
Registrar's No. **7822**

FILED SEP 13 1948
Registration District No. _____

Primary Registration District No. **1003**

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:
2147 E. Fair Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **FRANK G. KOESTER**
3. (b) If veteran, --- **3. (c) Social Security No.** ---
name war

4. Sex **M** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **Widower**
6. (b) Name of husband or wife **Elizabeth Koester** **6. (c) Age of husband or wife if alive** **Dec'd. years**
7. Birth date of deceased. **October 12 1860**
(Month) (Day) (Year)

8. AGE: Years **87** Months **10** Days **22** If less than one day
hr. _____ min. _____

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

10. Usual occupation. **Retired Cemetery Sexton**

11. Industry or business. **Cemetery**

MOTHER FATHER
12. Name. **Herman Koester**
13. Birthplace. **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name. **Elizabeth Koeller**
15. Birthplace. **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant. **James E. Koester**
(b) Address. **Ferguson, Missouri.**

17. (a) Burial **(b) Date thereof** **9/7/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sacred Heart Cemetery**

18. (a) Signature of funeral director: **White Funeral Home**
(b) Address **Ferguson, Missouri**

19. (a) SEP 6 1948 **(b) J. B. Bredech**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2147 E. Fair Ave.**
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **4th**
year **1948** hour **5** minute **45 P.M.**
21. I hereby certify that I attended the deceased from **May**, 19**48**, to **Sept 4th**, 19**48**
that I last saw him alive on **August 31**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **generalized arteriosclerosis Symp?**
Duration _____

Due to _____
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature **J. B. Bredech** M. D. or other _____
Address **410 W. Howard Ave** Date signed **Sept 4, 1948**

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.....

L. M. White

Licensed Embalmer No.....

3973

P. O. Address.....

Ferguson, 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.