

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24423

State File No. ....

6079

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE _____ b. COUNTY _____ Mo.					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>6426a Arthur Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>THERESA</u>		b. (Middle) <u>N.</u>		c. (Last) <u>COESTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan. 1, 1870</u>			
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>John Jud</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Late Andrew Coester</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Coester</u>			ADDRESS <u>6426a Arthur Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Coma</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vomiting &amp; Diarrhea</u> DUE TO (c) <u>Essential Vascular Renal Disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 days</u>	
19a. DATE OF OPERATION <u>mm</u>		19b. MAJOR FINDINGS OF OPERATION <u>mm</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>mm</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>mm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>mm</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>mm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HH2X</u>					
22. I hereby certify that I attended the deceased from _____, 19 <u>35</u> , to _____, 19 <u>51</u> , that I last saw the deceased alive on <u>7/6</u> , 19 <u>51</u> , and that death occurred at <u>10:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Preston C. Hall</u> (Degree or title) _____				23b. ADDRESS <u>3902 Lafayette</u>		23c. DATE SIGNED <u>7/6/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 9, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Churchyard</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL HEALTH DEPT. <u>JUL 8 1951</u>		REGISTRAR'S SIGNATURE <u>J.B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>					

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stovesand

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.