

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2443

State File No.

0923
1

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

FEB 9 1952

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		<u>0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>515 No. 4th St</u>				d. STREET ADDRESS (If rural, give location) <u>515 No. 4th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>A</u> c. (Last) <u>Koester</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 27 1858</u>	
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Koester</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Koester</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alvina Koester 515 No. 4th St St Charles</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio renal vascular disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>442 X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>20 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-18-50</u> to <u>2-5</u> , 1952, that I last saw the deceased alive on <u>2-5</u> , 1952, and that death occurred at <u>2:20 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>1141 N. Main St. Charles Mo</u>		23c. DATE SIGNED <u>6 Feb 52</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 8 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St John Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/6/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		F. FINANCIAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St Charles Mo.</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frederic H. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.