No. 300
10-48

FILED MAY 27 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19074

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: St Charles 0920
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilmore
c. LENGTH OF STAY (in this place): 18 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilmore 0920
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Anthony b. (Middle) T c. (Last) Koster

4. DATE OF DEATH (Month) (Day) (Year): Apr 26 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 7-1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 6 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: A. Car & Foundry
11. BIRTHPLACE (City and State or Foreign Country): Wentzville Mo
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Benjamin Koster
13b. MOTHER'S MAIDEN NAME: Don't Know
14. NAME OF HUSBAND OR WIFE: Clemetine Koster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Clementine Koster — ADDRESS: Wentzville Mo

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Degeneration	6 months
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	2 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Parkinson Disease	3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 19 52, *to* April, 19 53 *that I last saw the deceased alive on* April 26, 19 53, *and that death occurred at* 11: Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W E Borgesen DO2
23b. ADDRESS: Keller Bldg, Wentzville, Mo.
23c. DATE SIGNED: 4-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-29-53
24c. NAME OF CEMETERY OR CREMATORY: St Patricks
24d. LOCATION (City, town, or county) (State): Wentzville Mo

DATE REC'D BY LOCAL REG.: May 21 1953
REGISTRAR'S SIGNATURE: Martin Poff 40
25. FUNERAL DIRECTOR'S SIGNATURE: T. Eitman Funeral Home — ADDRESS: Wentzville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Annetta M. Pittman

Licensed Embalmer No. 3055

P. O. Address Westfield M

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.