

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43737**  
**11254**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		b. COUNTY <b>St. Louis County</b>	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Carschville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>3236 Welsberg Dr</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Robert</b>	b. (Middle) <b>F</b>	c. (Last) <b>Kester</b>	<b>December 9, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 20 1890</b>		9. AGE (In years, last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Special Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dairy</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Friedheim, Mo</b>	
13a. FATHER'S NAME <b>Joseph Frederick Kester</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Maletz</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Pohlmann</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emma Kester (wife)</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			18. MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor (Right Temporal Parietal Glioma)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 mo.</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <b>Sept 27 1954</b>			19b. MAJOR FINDINGS OF OPERATION <b>Right sided Glioma - highly malignant.</b>		
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? <b>193X</b>	
22. I hereby certify that I attended the deceased from <b>July 28, 1954</b> , to <b>Dec 9, 1954</b> , that I last saw the deceased alive on <b>Dec 9, 1954</b> , and that death occurred at <b>5:05 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Max Stauffert MD</b>			23b. ADDRESS <b>512 Drew Place</b>		23c. DATE SIGNED <b>12/10/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>December 13, '54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F.H. Inc., 1936 St. Louis Av</b>			

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

DATE REC'D BY LOCAL REG. **DEC 10 1954** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** ADDRESS **Beiderwieden F.H. Inc., 1936 St. Louis Av**

*S.P.* (Licensed Embalmer's Statement on Reverse Side)

Hrs = Telephone Book Facts  
12-3 Mon-Tue. Wed. Fri.  
6-7:30 PM Mon-Wed. Fri.  
Sat 11AM - 1 PM (No hours Thurg)

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 None  
Signature of Student Embalmer

Signed Delis J. Krispin

Licensed Embalmer No. 341

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.