

FILED JAN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. 44226

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 7046

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. CITY OR TOWN Crestwood	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (Include place) 6 hrs		e. STREET ADDRESS (If rural, give location) 954 W. Big Bend Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY	b. (Middle) L	c. (Last) KOSTEDT,	4. DATE OF DEATH (Month) (Day) (Year) 12 31 1954
--	----------------------	---------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sep 30, 1897.	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 3 Days 7	IF UNDER 24 HRS. Hours 7 Min.
--------------------	-------------------------------	---	---------------------------------------	---	---	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY Oak Hill Cemetery	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY? US
--	--	--	--

13a. FATHER'S NAME Fred Kostedt	13b. MOTHER'S MAIDEN NAME Margaret Poggemoeller	14. NAME OF HUSBAND OR WIFE Pauline Kostedt
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-05-2420	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pauline Kostedt, 954 Big Bend
---	---	---

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Paternal Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3-7 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute myocardial decompensation & hours DUE TO (c) Chronic myocarditis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute pulmonary edema		8 hours

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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 12/31, 1954, to 12/31, 1954, that I last saw the deceased alive on 12/31, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Walter M. Davis M.D. (Degree or title)	23b. ADDRESS Kirkwood Mo	23c. DATE SIGNED 1/3/55
--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. 1/3/55	REGISTRAR'S SIGNATURE Richard K. Ambrose	FUNERAL DIRECTOR'S SIGNATURE W. Kopp Inc.	ADDRESS Kirkwood Mo.
--	---	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

003
0

250 of 250

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.....
Signature of Student Embalmer

Signed..... *Felix Huerand*

Licensed Embalmer No... *303*

P. O. Address..... *Kirkwood*

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.