

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1956

State File No. **44287**

Registrar's No. **2897**

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 547		Registrar's No. 2897			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights		c. LENGTH OF STAY (in this place) 3 Weeks		c. CITY OR TOWN Webster Groves		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 599 Virginia					
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) PHILIP c. (Last) KOESTER			4. DATE OF DEATH (Month) (Day) (Year) 12-6-1956						
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-3-1875			
9. AGE (In years last birthday) 81		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hour _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Ret.			10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Charles Koester			13b. MOTHER'S MAIDEN NAME Henrietta Haage			14. NAME OF HUSBAND OR WIFE Margaret Koester			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 488-09-0394		17. INFORMANT'S SIGNATURE OR NAME Mrs. H.P. Koester			ADDRESS 599 Virginia	
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) anion of Liver				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. atheriosclerosis									
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) 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 11/17 , 19 56 , to 1/7 , 19 57 , that I last saw the deceased alive on 12/13 , 19 56 , and that death occurred at 3:30 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C. J. Veeva				23b. ADDRESS 53 W. Bg Blvd		23c. DATE SIGNED 12/7/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-8-1956		24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. 12-7-56		REGISTRAR'S SIGNATURE Herbert B. Domb		25. FUNERAL DIRECTOR'S SIGNATURE Walter Aldrich		ADDRESS Webster Groves Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

10-300
10-48

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.....
Leslie Welch

Licensed Embalmer No. *439*

P. O. Address *Webster, Iowa*

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.