.S. No. 300
ev. 10.48

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

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10566

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2906

1. PLACE OF DEATH
a. COUNTY ~~St Louis~~
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (In this place) 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 14 Jewish Hosp. of St Louis 31

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lincoln
c. CITY OR TOWN Moscow Mills 057 0
d. Is Residence within limits of city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) No Street Address

3. NAME OF DECEASED (Type or Print)
a. (First) SOPHIE b. (Middle) Elizabeth c. (Last) KOSTER

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 1957

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Sept. 20, 1909
9. AGE (In years last birthday) 47
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Michael Riley
13b. MOTHER'S MAIDEN NAME Louisa Asby
14. NAME OF HUSBAND OR WIFE Joseph Koster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 498-05-6913
17. INFORMANT'S SIGNATURE OR NAME Joseph Koster, **ADDRESS** Silex, Missouri

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) Carcinoma generalized — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES primary site undetermined

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 199.9
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* 2/20, 1957, *to* 3/23, 1957, *that I last saw the deceased alive on* 3/23, 1957, *and that death occurred at* 1:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE David M. Hamen (Degree or title) M.D.
23b. ADDRESS 216 S. Kingshighway St. Louis Mo.
23c. DATE SIGNED 3/25/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/26/57
24c. NAME OF CEMETERY OR CREMATORY St Alphonsus Cem.
24d. LOCATION (City, town, or county) Lincoln County, (State) Missouri

DATE REC'D BY LOCAL REG. MAR 26 '57
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Kemper-Marsh Funeral Home **ADDRESS** Troy, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, ~~xxxxxx~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.