

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Star No. **58-012740**

XC-1621 38/20
CF: St. Louis

FILED MAR 18 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 726

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) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN NORMANDY <i>4181/0</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 3025 DELAVAN DRIVE	

3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) WILLIAM	c. (Last) KOSTEDT	4. DATE OF DEATH (Month) (Day) (Year) 3-10-58
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-28-94	9. AGE (to years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHTWATCHMAN - SUPT.	10b. KIND OF BUSINESS OR INDUSTRY MCOWAY NORRIS	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FREDERICK KOSTEDT	13b. MOTHER'S MAIDEN NAME SOPHIA FRICKE	14. NAME OF HUSBAND OR WIFE MYRTLE KOSTEDT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I	16. SOCIAL SECURITY NO. 499 26 0783	17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION, OLD & RECENT		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) 4300		
	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	20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **3-6-58**, 19___, to **3-10-58**, 19___, and that death occurred at **10:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>W. G. ...</i>	(Degree or title) M.D.	23b. ADDRESS VA HOSP. JEFF. BRKS. MO.	23c. DATE SIGNED 3-10-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	24b. DATE 3/13/58	24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel of Memories	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 3-11-58	REGISTRAR'S SIGNATURE <i>Herbert A. Donke</i>	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz	ADDRESS Funeral Home St. Louis Mo. 4828 Natural Bridge Blvd
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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 *John A. Mlesian*
Licensed Embalmer No. *4186*

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.