

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15384

State File No.

FILED MAY 11 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 163

941

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE 0941</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>38 RONCEY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>38 RONCEY</u>			

3. NAME OF DECEASED a. (First) <u>THELMA</u> b. (Middle) <u>AGNES</u> c. (Last) <u>KOESTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4, 1953</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 29, 1920</u>		9. AGE (in years last birthday) <u>33</u>		If under 1 year: Months <u>0</u> Days <u>5</u>		If under 1000 hours: Hours <u>0</u> Mins. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Y</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>FLAT RIVER MO 0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>THEODORE J. SCHWENT</u>			13b. MOTHER'S MAIDEN NAME <u>ALICE LABRUVERE</u>			14. NAME OF HUSBAND OR WIFE <u>HAROLD E. KOESTER</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u> <u>490-03-8910</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HAROLD E. KOESTER</u> ADDRESS <u>BONNETERRE MO.</u>			
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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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>						<u>1 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) <u>Carcinoma of cervix</u> <u>20 mos.</u>	
		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 <u>171X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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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	
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22. I hereby certify that I attended the deceased from October, 1951, to May 4, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Marvin J. Nau, J. M.D.</u>			23b. ADDRESS <u>Bonne Terre, Mo</u>			23c. DATE SIGNED <u>May 6, 1953</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S</u>		24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO.</u>	
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DATE REC'D BY LOCAL REG. <u>May 6, 1953</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Hubert L. Bonn</u> ADDRESS <u>Bonne Terre Mo</u>	
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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
Student Embalmer

Signed

Raymond J. Raywell

Licensed Embalmer No. *3706*

P. O. Address *Garner, Tenn. Mo*

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 this body is not embalmed, fact should be so stated above.