

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18070

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1041</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. John</u>		c. LENGTH OF STAY (In this place) <u>/</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. John</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8836-David Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>8836 David Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) _____		c. (Last) <u>Duester</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 18, 1884</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR (Months) <u>1</u>		IF UNDER 12 HRS. (Hours) <u>4</u>		IF UNDER 15 MIN. (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kies Bakery</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Duester</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Burkhardt</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine C. Duester</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-09-4736</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josephine C. Duester</u> ADDRESS <u>8836-David Ave. Overland-21-Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (of Lung)</u> 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. <u>Acute Hemorrhage Pulmonary 162X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION <u>6 mo ago</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma (Left Lung)</u>				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) <u>Overland St. Louis Mo</u>		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 _____					
22. I hereby certify that I attended the deceased from <u>4/20</u> , 1942, to <u>4/22</u> , 1949, that I last saw the deceased alive on <u>4/20</u> , 1949 and that death occurred at <u>7:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. A. W. Surger M.D.</u>				23b. ADDRESS <u>3115 Braum Rd.</u>		23c. DATE SIGNED <u>4/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-25-49</u>		REGISTRAR'S SIGNATURE <u>Frank V. Langer MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Colman Bros. Inc.</u>		ADDRESS <u>2504 Woodson Rd - Overland-14-Mo.</u>	

(If Used Excludes Statement on Reverse Side)

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

No. 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.

Signed _____

Oscar F. Mueller

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3039

P. O. Address _____

Overland 14th

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.