

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County St Louis
Township Central Registration District No. 4990 File No. 7914
or Rock Hill Primary Registration District No. 6033A Registered No. 32
Village Manchester Road St. _____ Ward _____
City _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Henry Koch Jr

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH February 4th, 1911
(Month) (Day) (Year)

DATE OF BIRTH January 20th, 1872
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1908, to Feb 2, 1911, that I last saw him alive on Feb 2, 1911,

AGE 38 yrs. 2 mos. 15 ds. If LESS than 1 day, _____ hrs. or _____ min.?

and that death occurred, on the date stated above, at 10 a.m.

OCCUPATION (a) Trade, profession, or particular kind of work grocer
(b) General nature of industry, business, or establishment in which employed (or employer) 4-28

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
238
(Duration) 15 yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) St Louis Mo

PARENTS NAME OF FATHER Henry Koch Sr
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Katie Foliage
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) R. K. Mull M. D.
Feb 6 1911 (Address) 17 E. Lombard

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Koch Sr
(ADDRESS) Rock Hill Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death? _____
Former or usual residences? _____

Filed 2/6 1911 H. M. P. [Signature] REGISTRAR

PLACE OF BURIAL OR REMOVAL St Pauls Cemetery DATE OF BURIAL Feb 6 1911
UNDERTAKER Parker Co. ADDRESS Webster Groves Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



STATEMENT OF OCCUPATION IS VERY IMPORTANT.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH

County St. Louis
Township Central
Village _____
City _____

Registration District No. 790

File No. _____

Primary Registration District No. 60330

Registered No. 32

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Henry Koch, Jr.

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH 11-20-1872
(Month) (Day) (Year)

AGE 38 yrs. 2 mos. 5 ds. If LESS than 1 day, ___ hrs; or ___ min.

OCCUPATION (a) Trade, profession, or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo.

PARENTS NAME OF FATHER Henry Koch, Sr. BIRTHPLACE OF FATHER St. Louis, Mo. MAIDEN NAME OF MOTHER Katie Foliage BIRTHPLACE OF MOTHER St. Louis, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Henry Koch, Sr. (ADDRESS) Rock Hill, Mo.

Filed 2/6 1911 D. H. Evans REGISTRAR

Original file, date 2-6- 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2-4-1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1911, to 2-2-, 1911, that I last saw him alive on 2-2-, 1911, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis
(Duration) 15 yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) R. Walter Mills M. D. 2-6- 1911 (Address) 17 E. Locustwood

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) _____
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St. Pauls Cem. DATE OF BURIAL 2-6- 1911

UNDERTAKER Parker & Co. Webster Ave ADDRESS _____

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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