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

Do not use this space.

32266

1. PLACE OF DEATH

County: St Louis — Registration District No. 791 — File No.

Township: — Primary Registration District No. 1003 — Registered No. 9678

City: St Louis (No. 4431 South Broadway St. Ward)

2. FULL NAME: Mrs Mary Koch Schneider

(a) Residence. No. St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 10, 1837

7. AGE: Years 90 — Months 3 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Housework
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Hessen Darmstadt
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: John Koch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Eliza Wachter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs N E Collins
(Address): 4431 So Broadway

15. FILED: OCT 29 1927, 19 — Max C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 27 1927

17. I HEREBY CERTIFY, That I attended deceased from April, 1919, to Oct 27, 1927 that I last saw her alive on Oct 24, 1927 and that death occurred, on the date stated above, at 3:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
91B 77 162
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas E Hyndman, M.D
10/28, 1927 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Matthews — DATE OF BURIAL: Oct 29 1927

20. UNDERTAKER: Hoffmeister U & Co — ADDRESS: 7864 So Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD