

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. No. 2829 St. Vincent St. (Ward)

File No.....

Registered No. 11752

791  
1003

39254

**2. FULL NAME**

(a) Residence. No. 2829 St. Vincent St. 23 Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

female white widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 12 - 1842

7. AGE

YEARS  
87

MONTHS

-

DAYS

18

If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

nile

(b) General nature of industry, business, or establishment in which employed (or employer)

"

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Joseph M<sup>r</sup> Koch

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Henrietta Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Miss Emma A. Stricker  
2829 St. Vincent Av.

15.

FILED

19

Nov 2 1923

Max C. Starkoff

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 30 1929

17. HEREBY CERTIFY, That I attended deceased from Nov 23, 1929 to Nov 29, 1929 (that I last saw her alive on Nov 30, 1929 and that death occurred, on the date stated above, at 1:30 p.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute nephritis

107A

130

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)

Broncho Pneumonia

(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

Phys. Exam.

(Signed)

Geo. W. H. ... M. D.

, 19

(Address)

2532 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

DATE OF BURIAL

Valhalla Cemetery

Dec 3 1929

20. UNDERTAKER

ADDRESS

E. J. Schurz 3125 Lafayette Av.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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