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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 1003 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 58

City St Louis (No. 3661 Roswell Ave St. ..... Ward)

2. FULL NAME Anton Koch

(a) Residence. No. 3661 Roswell St., 1 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 22 - 1889

7. AGE: Years 40 | Months 5 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

PARENTS

10. NAME OF FATHER: John Koch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hungary
12. MAIDEN NAME OF MOTHER: Elizabeth Krem
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hungary

14. INFORMANT: Joseph Wilhelm
(Address): 4200 Eugene

15. FILED JAN -2 1930 19 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 1st 1930.

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1930, to Jan. 1st, 1930, that I last saw him alive on Jan. 1st, 1930 and that death occurred, on the date stated above, at 10-30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
92A
(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (SECONDARY) 90A
(duration) yrs. mos. 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?

(Signed) J. W. Pruett, M. D.

Jan. 2nd, 1930 (Address) 6006 Virginia Ave

*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: S. S. Peter & Pauls Cem. | DATE OF BURIAL: Jan 3 1930

20. UNDERTAKER: Julius W. Schmitt | ADDRESS: 3934 Russell Blvd

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

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