

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

Do not use this space.

6635

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. Futheran Hospital)

File No.....

Registered No. 1453

St. Ward)

2. FULL NAME Ida Koch

(a) Residence. No. Sappington Mo St., 24 Ward. Sappington Mo

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. 2 1/2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

widow

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

Ida Koch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

10

26

8. OCCUPATION OF DECEASED

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

Home House Work

(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)

Illinois

10. NAME OF FATHER

Rudolph Porges

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Barbara Gaudpp.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

14. INFORMANT

(Address)

Aurelia Maag
Sappington Mo

15. FILED

19

Miss C. Parkley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 12th 1930 **to** Feb 9th 1930 **that I last saw h. w. alive on** Feb 7th 1930 **and that death occurred, on the date stated above, at** 5 P. **m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
apoplexy.
131
82 (duration) yrs. mos. 24 ds.

CONTRIBUTORY (SECONDARY)

Chronic Night Blindness
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Chas. L. Palmer
in Walton M. D.
. 19 (Address) Fenton Mo.

*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

St. Lucas Cemetery

Feb 12 1930

20. UNDERTAKER

John G. Koch

ADDRESS

Fenton Mo

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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