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. 791 File No. 3149

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. #4548 Westminster Plc. St. ..... Ward)

2. FULL NAME John M. Koch

(a) Residence. No. #4548 Westminster Plc. St. ..... Ward 12
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3rd 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55.	10.	24.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Night Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) St. L. Terminals Assn.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Illinois.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John J. Koch.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Weisenborn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

14. INFORMANT Mrs Mary P. Koch
(Address) #4548 Westminster Plc.

15. MAR 29 1930 Max C. Hanley
FILED ....., 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2.

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1930, to March 27, 1930 that I last saw him alive on March 26, 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis
92 A
106 A
(duration) 20 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Bronchitis acute non Tubercular (duration) ..... yrs. ..... mos. 10 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? Physical examination
(Signed) Robert Burnett, M. D.
March 27, 1930 (Address) 607 N. Grand Blvd.

*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
Rockville, Neb.	3-29-1930.

20. UNDERTAKER C. R. Lupton. ADDRESS St. Olive, #4449

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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Univ Club.
— 12:30. 5 — 6.