

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

Do not use this space.

24089

120

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

30-7-24

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 2468
 City Ferguson (No. Sunsett Lodge) St. _____ Ward _____

2. FULL NAME Anne Studt Koch
 (a) Residence. No. _____ St. _____ Ward. Creve Coeur, Mo.
 (Usual place of abode) (If nonresident, give city of 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 7 6

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

9. BIRTHPLACE (CITY OR TOWN) Creve Coeur, Mo.
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Jacob Studt Jr.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Creve Coeur, Mo.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Lydia Wotzing
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Creve Coeur, Mo.
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1930

17. I HEREBY CERTIFY, That I attended deceased from June, 1930, to July 21, 1930
 That I last saw her alive on July 21, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exhaustion

CONTRIBUTORY (SECONDARY) Psychosis, Dementia Precox
 (duration) yrs. mos. ds. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Creve Coeur, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) James Powell, M. D.
7/25, 1930 (Address) Bellefontaine St. Hallas.

*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 Johns Cem. DATE OF BURIAL 7/24 1930

20. UNDERTAKER Baurman Bros ADDRESS Creve Coeur, Mo.

14. INFORMANT Robert R. Koch
 (Address) Creve Coeur, Mo.

15. FILED 9/1, 1930 BY Dr. Carl J. Woods REGISTRAR

1880

1880

1880

1880

1880

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County St. Louis Registration District No. 784 File No.
 Township Primary Registration District No. 4468 Registered No.
 City Ferguson (N.) St. Ward)

2. FULL NAME Anne Studt Koch
 (a) Residence. No. St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 7 24 =

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1930

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., (that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed)....., M. D.
 , 19 (Address)

*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.

14. INFORMANT (Address)

15. FILED 9/11 1930 Dr. Paul J. Koontz REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRAR SHALL RECEIVE ALL CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important. It may be properly classified. Cause of death in plain terms, etc.

S-24089