

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

Do not use this space.

24041

1. PLACE OF DEATH

96 County St Louis
Township Cornwall
City Koch, Mo (No.)

Registration District No. 1123
Primary Registration District No. 248 B

File No.
Registered No. 254
St. Ward)

2. FULL NAME

(a) Residence, No. 2614 Cass St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 14, 1873</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>4</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Mary Ditzman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bushards Mo</u>	
17. INFORMANT <u>H. Koch Hosp</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>July 29, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Central Wash. Co 1841 - Cass Ave</u>		
20. FILED <u>7/28</u> <u>37</u> <u>L. C. Brock M. D.</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7, 1932 to 7-26, 1932
I last saw her alive on 7-26, 1932. Death is said to have occurred on the date stated above, at 11:45 pm.
The principal cause of death and related causes of importance were as follows:
For advanced Pulmonary Tuberculosis
23A
23B
Date of onset Nov 1931

Other contributory causes of importance: Levinus Pulmonary hemorrhage

Name of operation Date of
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify undetermined
(Signed) H. C. Koch, M. D.
(Address) Koch Mo

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.

AUG 19 1932

