

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

Do not use this space.

22077

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City, **St. Louis** (No. **1038 Lounelle** in **Ward**)

File No.....
Registered No. **5833** St. Ward)

2. FULL NAME

Virginia Ann Koch
(a) Residence, No. **1038 Lounelle** in **4** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **70** yrs. mos. ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Henry Koch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation.**
Mar 28-1930 49 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

13. NAME Louis Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Sarah Elizabeth Biesch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT (ADDRESS) Mrs. Mabel Lewis Clayton 1038 Lounelle

18. BURIAL, CREMATION, OR REMOVAL PLACE **Palhalla Cem** DATE **This June 14 1934**

19. UNDERTAKER (ADDRESS) **Edith E. Ambrose 14234 Manchester**

20. FILED 19 **1934** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 11**, 19**34**

22. I HEREBY CERTIFY that I attended deceased from **June 16**, 19**34**, to **June 11**, 19**34**
I last saw her alive on **June 11**, 19**34** Death is said to have occurred on the date stated above, at **9:30** a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
131
97 131
Other contributory causes of importance: **Arteriosclerosis**
Date of onset **6 m**
570

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 **W. Anton Hall**, M. D.
(Signed) **W. Anton Hall**
(Address) **1625 Iowa Ave**

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.

