JAN 14 1935

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

Do not use this space.

44517

1. PLACE OF DEATH

County ..... Registration District No. 781 ..... File No. 11621

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

City ST. LOUIS (No. Beaumont & Locust St. ..... St. ..... Ward)

2. FULL NAME Arthur Koch

(a) Residence, No. 7406 Wellington St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M

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 Stella Koch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repeater Chief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. T&T Co.

10. Date deceased last worked at this occupation (month and year) 12-6-34

11. Total time (years) spent in this occupation 28 yrs

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

FATHER

13. NAME William Koch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta, Mo.

MOTHER

15. MAIDEN NAME Minnette Dammon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Stella Koch Ellis City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 12-8-34 19

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED DEC -7 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 15 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Interstitial
Nephritis Cirrhosis Liver
Arteriosclerosis

Date of onset

Other contributory causes of importance:

124B 124B 131 93

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 .....

(Signed) Frank P Furlong ~~M.D.~~

(Address) Coroner

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.

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