3941 Castleman Ave.

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

Do not use this space.

APR 2 9 1935

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14258

Township ..... Primary Registration District No. 1003 Registered No. 3061

City St Louis Mo (No. 3941 Castleman Ave St. ..... Ward)

2. FULL NAME Wilhelmina Koch

(a) Residence, No. ..... St., 17 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widow of Anton Koch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 10 1859

7. AGE: YEARS 76 MONTHS - DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): Franklin County Missouri

FATHER
13. NAME: William Burhorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Fred Koch 3941 Castleman

18. BURIAL, CREMATION, OR REMOVAL: Boeere Ill DATE April 3 1935

19. UNDERTAKER (ADDRESS): Wm J. Robert Lovco 1905 S Grand Blvd

20. FILED APR -3 1935, 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935, to April 1, 1935

I last saw her alive on March 31, 1935. Death is said to have occurred on the date stated above, at 6-10 a.m.

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

	Date of onset
Myocarditis, Chronic,	Nov. 15, 1933.
93c	
Other contributory causes of importance:	
Bronchitis, Chronic	March 17, 1935.

Name of operation none. Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) Otto Vierling, M. D.

(Address) 2221 Cherokee st. St. Louis, (Vierling) 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.

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