

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

Do not use this space.

MAR 12 1936

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**1. PLACE OF DEATH**

County..... Registration District No. 1003  
 Township..... Primary Registration District No. St. Louis Ave.  
 City St. Louis (No. 918) St. St. Louis Ave. Ward.....

File No. ....  
 Registered No. 2050

**2. FULL NAME**

(a) Residence, No. 918 St. Louis Ave. Ward. 26  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Katherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 6 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 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) St. Louis Mo.

MOTHER FATHER  
 13. NAME Fredrick Koch

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Katherine Koch  
 (ADDRESS) 3425 Josef Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Butchery DATE Feb. 25 1936

19. UNDERTAKER Math. Hermann & Son  
 (ADDRESS) 26 East 44th St.

20. FILED FEB 24 1936 J. Brebeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 1936

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 10:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis (Hardening)  
 Date of onset

Other contributory causes of importance: 82

Name of operation..... 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 Hardening  
 (Signed) Harold B. Smith, M. D.  
 (Address) St. Louis

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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