

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

Do not use this space.

FEB 8 1937 **791**
1003

File No. **3577**
 Registered No. **610**
 St. _____ Ward _____

1. PLACE OF DEATH
 County _____
 Township **2609 S. Grand**
 City **St. Louis Mo** (No. _____)

Registration District No. _____
 Primary Registration District No. **1003**

2. FULL NAME **Charles Koch**
 (a) Residence, No. **2609 S. Grand St. Louis, Mo** **17** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **25** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Myrtle Koch</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 5th - 1856</i>				
7. AGE	YEARS <i>80</i>	MONTHS <i>8</i>	DAYS <i>9</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Occupation</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Unknown</i>			
	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) <i>Philadelphia Pa</i>				
FATHER	13. NAME <i>Bernhardt Koch</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT (ADDRESS) <i>Mrs. S. Shaw 2609 S. Grand</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Mathew Cem. 1/15 1937</i>				
19. UNDERTAKER (ADDRESS) <i>Chas. A. Bull 4452 Washington Ber</i>				
20. FILED 19 <i>J. F. Brudeck</i> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 14, 1937*

22. I HEREBY CERTIFY, that I attended deceased from
Jan. 5, 1937, to Jan 14, 1937
 I last saw him alive on *Jan. 12, 1937*. Death is said to have occurred on the date stated above, at *12:45 a.m.*
 The principal cause of death and related causes of importance were as follows:
chr. Myocarditis
chr. Bronchitis
General arteriosclerosis

Name of operation *none* **Date of** _____
What test confirmed diagnosis? *clinical* **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? *no*
 If so, specify _____
 (Signed) *Edward Welby*, M. D.
 (Address) *4963 Fountain St. Louis 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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