

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

Do not use this space.

3682

1. PLACE OF DEATH
 96 County..... Registration District No. **791**
 30 Township..... Primary Registration District No. **1003**
 9 City..... St. Louis (No. 1709 Oregon Ave. 2) St. 717 Ward

2. FULL NAME Louis B. Koch
 (a) Residence, No. 1709 Oregon Ave. St. 23 Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 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 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 Lena Koch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (unk)
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maloney Elec Co
 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) Missouri 1

MOTHER FATHER

13. NAME	Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown 31
15. MAIDEN NAME	Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown 31

17. INFORMANT Lena Koch (ADDRESS) 1709 Oregon Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Jan 18 1937, 19

19. UNDERTAKER Peetz brothers (ADDRESS) 3029 Lafayette Ave

20. FILED Oak Grove, Mo. *J. Bredeck* Registrar
 JAN 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16 1937, 19

22. I HEREBY CERTIFY That I attended deceased from July 19 35, 19, to Jan 15, 1937
 I last saw him alive on Jan 16, 1937. Death is said to have occurred on the date stated above, at 2:15 A.M.
 The principal cause of death and related causes of importance were as follows:
chronic myocarditis Date of onset

Other contributory causes of importance: 93C

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? No 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) *James M. Hower*, M. D.
 (Address) 2026 J. Jefferson

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.

James ...
2027-0 Jeff

Per-9440

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