

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

8889  
Do not use this space.

REC'D APR 1 1938

**1. PLACE OF DEATH**

(a) County ..... Registration District No. 701  
 (b) Township ..... Primary Registration District No. 1003  
 (c) City St. Louis, Mo. (d) Street No. City Hosp St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2478

**2. PRINT FULL NAME** HENRY KOCH 200

(a) Residence, No. 1038 Louisville Ave. St. 4  
 (Usual place of abode, if no street address, write county or city) (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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Koch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30. 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Tob. Pressman  
 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) Evansville Ind. /

FATHER 13. NAME John Koch 6  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Dausman 6  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Mable Lewis  
1038 Louisville Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 3/14/1938

19. FUNERAL DIRECTOR (ADDRESS) Edith E. Ambrose  
1234 Ambrose Dr.

20. FILED 19 14 1938  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11th 19 38

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 1:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder;  
Carcinoma of prostate. (primary)

Date of onset

Other contributory causes of importance: 51C

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 See above  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify.....  
 (Signed) W. J. Perry, M.D.  
 (Address) St. Louis, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Shoring Eynck

Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Shoring Eynck

Licensed Embalmer No. 1284

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**