

REC'D APR 19 1938

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

10653

Do not use this space.

1. PLACE OF DEATH

36 (a) County FRANKLINRegistration District No. 292

(b) Township

Primary Registration District No. 4176

Registered No. _____

3 (c) City NEW HAVEN

(d) Street No. _____

(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.

2. PRINT FULL NAME JOHANNA MRS. FRITZ W. KOCH 200(a) Residence, No. NEW HAVEN Mo St.

(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

FEMALE

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOW5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRITZ W. KOCH.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 18 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

80222

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

NONE

9. Industry or business in which work was done, as 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) WARREN CO Mo

FATHER

13. NAME CHRIST. JAEGER.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME WILHELMIA BEGGERMANN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT (ADDRESS) Frank Koch Jr.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

EVING. NEW HAVEN

DATE

3-18193819. FUNERAL DIRECTOR (ADDRESS) L. C. FERTIG & SONNEW HAVEN, Mo

20. FILED

Mar 181938Jeffie Gessner

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1937, to March 16, 1938.I last saw him alive on March 16, 1938. Death is saidto have occurred on the date stated above, at 8:30 a.m.

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

Coronary occlusionDate of onset 3/15/38

Other contributory causes of importance:

Chronic myocarditis & congestive failure 7/1/38
Bronchiectasis 1918Name of operation none

Date of _____

What test confirmed diagnosis? noneWas 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) B. P. Eisenmann, M. D.(Address) New Haven, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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, Earl Fretag, Licensed Embalmer No. 3385

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)