

141939 MAR 9 1939

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

7714  
Do not use this space.

96  
1. PLACE OF DEATH  
(a) County St. Louis. Registration District No. 784  
(b) Township 1 Primary Registration District No. 20 Registered No. 260  
(c) City Affton (d) Street Affton Mo. 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.

2. PRINT FULL NAME Mary Kochheim  
(a) Residence, No. Affton Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Late Ernest Kochheim</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec. 28, 1865</b>				
7. AGE <b>73</b>	YEARS	MONTHS <b>1</b>	DAYS <b>16</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Housewife</b>			
	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) <b>Germany</b>				
FATHER	13. NAME <b>Conrad Vaubel</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
MOTHER	15. MAIDEN NAME <b>Anna E. Schotte</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
17. INFORMANT <b>Rev. Hans Kochheim</b> (ADDRESS) <b>Waterloo Illinois</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Falls City Nebr.</b> DATE <b>2-14</b> , 19 <b>39</b>				
19. FUNERAL DIRECTOR (NAME) <b>Kriegshausner Mortuary</b> (ADDRESS) <b>4228 So. Kingshighway</b> <b>St. Louis, Mo.</b>				
20. FILED <b>FEB 14 1939</b>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<b>2-13</b> , 19 <b>39</b>
22. I HEREBY CERTIFY, That I attended deceased from <b>1938</b> to <b>Febr 8</b> , 19 <b>39</b>	
I last saw him/her alive on <b>Febr 8</b> , 19 <b>39</b>	Death is said to have occurred on the date stated above, at <b>10:10</b> A.M.
The principal cause of death and related causes of importance were as follows: <b>Heart complications</b> <b>Myocarditis (Chr.)</b> <b>Art. Sclerosis</b> <b>93 C</b>	
Other contributory causes of importance:	<b>only as above</b>
Name of operation	<b>None</b>
What test confirmed diagnosis?	Was there an autopsy? <b>No</b>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <b>No</b> Date of injury <b>2-13</b> , 19 <b>39</b> Where did injury occur? <b>at home</b> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	<b>at home</b>
Nature of injury	<b>at home</b>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <b>Nanny L. Field</b> (Signed) <b>W. H. Field</b> M. D. (Address) <b>68 23 5th Avenue</b>	

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

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Edwin M. Bennett*

Licensed Embalmer No.

*3024*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.