

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41768
Registrar's No. 10891

Registration District No. 701

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County 1
(b) City or town St. Louis
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Robert B. Koch
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 3 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>10</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Prop.

11. Industry or business Confessionary

12. Name William D. Koch
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Louise M. Frie
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address 4949 Nottingham Ave

17. (a) Burial (b) Date thereof 12/23/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Burial Park

18. (a) Signature of funeral director E. J. Schauer
(b) Address 3125 Lafayette Ave

19. (a) Dec 21 1939 (b) J. F. Brundage
(Date read and local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 4949 Nottingham Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1939 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage and Laceration of lung, due to gun shot wound of chest, while deceased was cleaning gun in his home, 4949 Nottingham Av. December 19th, 1939, about 8.00 A. M.

Due to _____ ACCIDENT.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 12/19/39
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME

While at work? _____ (Specify type of place)
(a) Means of Injury _____
23. Signature Alfred J. Schauer (M. D. or other) _____
Address 3125 Lafayette Ave Date signed 12/21/39

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.....

Jose B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address. *3125 Lafayette Ave.*

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.