DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4250

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1080

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town Saint Louis, 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2866-A South 18th, Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Ann Koch,

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julius F. Koch

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February (Month) 26th, (Day) 1875. (Year)

8. AGE: Years 64 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation House-Wife.

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant's own signature Julius F. Koch
(b) Address 2866-A South 18th, Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3rd, 40. (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2623 Cherokee Street.

19. (a) FEB 2 1940 (Date received local registrar) (b) J. F. Rodbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st, year 1940. hour 9 minute 30 A. M.

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

Immediate cause of death Fracture of the Left Femur; Diabetes; suffered when deceased fell down the steps at her home at 2866a So. 18th St., on December 31st, 1939, at about 2:00 P.M.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 December 31st, 1939
(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? In Home (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph M. Lucas (M. D. or other)
Address Deputy Coro Date signed

(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 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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cleve

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

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