

FILED APR 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9329

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2812

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community Birth  
years, months or days)

8. (a) PRINT FULL NAME Robert Koch3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive ----- years7. Birth date of deceased September 25, 1939  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
0 6 0 hr. \_\_\_\_\_ min.9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Walter Koch  
 { 13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Bertha Kircher  
 { 15. Birthplace St. Clair, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Koch  
(b) Address 5700 Hall St.17. (a) Burial (b) Date thereof 3/27/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Bethlehem Cemetery18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) MAR 26 1940 (b) J. J. Gudick  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5700 Hall St.  
(If rural, give location)  
 (e) No. 5700 Hall St., St. Louis, Missouri years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1940 hour 1:00 AM minute \_\_\_\_\_ 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 Paralysis of Intestines  
by Staphylococcus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature Alfred J. Perry (M. D. or other) \_\_\_\_\_  
Address St. Louis, Missouri Date signed 3.26.40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *William G. Buckhol*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo*

**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.**