No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16983

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4461

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: Christian Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 10 (If outside city or town limits, write "RURAL")

(d) Street No. 3930 Greer Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME AUGUSTA KOCH

3. (b) If veteran, name war NO

3. (c) Social Security No. 494-05-2810

4. Sex Female

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 March (Month) 21 (Day) 1885 (Year)

8. AGE: Years 55 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation Saleslady

11. Industry or business Scruggs-Vandevroort-Barney

FATHER
12. Name Herman Koch
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Amanda Grafeman
15. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Minnie Tombrink

(b) Address 3940 Lexington

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5- (Month) 2 (Day) 1-40 (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director A. Kron Sons

(b) Address 2707 North Grand Bl.

19. (a) MAY 20 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1940 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 6th 1940, to May 17th, 1940, that I last saw her alive on 5-17-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Ruptured appendix

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. W. Francis (M. D.)

Address 3505 N. Grand Date signed 5-20-40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul F. Knoblenberg

Licensed Embalmer No. 2631

P. O. Address 27074 Swan

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.