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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

Registration District No. 7910

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30620

Registrar's No. 7897

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: 3726 Evans
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (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 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3726 Evans Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH KOCH

3. (b) If veteran, name war ------ 3. (c) Social Security No. ------

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 July (Month) 31 (Day) 1861 (Year)

8. AGE: Years 79 Months 1 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home 6

11. Industry or business 6

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

MOTHER
14. Maiden name Elizabeth Leindecker
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Aurea Albrecht
(b) Address 4025 Juinata

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director J. H. Gebken Liv. & Und. Co.
(b) Address 2630 Gravois Ave.

19. (a) SEP 23 1940 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1940 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from 5-10, 1940 to 9-21, 1940 that I last saw her alive on 9-19-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ca Pancreas	—
Due to —	
Due to —	
Other conditions Myocarditis chronic (Include pregnancy within 3 months of death)	—
Major findings: Of operations — None —	
Of autopsy — None —	

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 Philip Schuck (M. D. or other)
Address 1703 S Grand Date signed 9/21/40

(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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman A. Gebke

Licensed Embalmer No. 2120

P. O. Address 2842 Meramed St. St. Louis, Mo.

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

If this body is not embalmed, fact should be so stated above.