DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30659

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7936

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 3242-A Texas Ave. (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. 3242-A Texas Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Albertine 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 Robert L. Koch,

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March (Month) 31st, (Day) 1905. (Year)

8. AGE: Years 35 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

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

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

16. (a) Informant's own signature Robert L. Koch.

(b) Address 3242-A Texas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25, 1940. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 2623 Cherokee Street.

19. (a) SEP 24 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23rd, year 1940. hour 5 00 minute 0 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 Rheumatic Heart Disease

Due to Mitral Stenosis

Due to Mitral and Tricuspid

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Endocarditis

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 Joseph M. Quinn (M. D. or other)

Address Deputy Coroner 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.

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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. C. Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherok

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.