DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34193

FILED NOV 16 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8890

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.

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 1 Day
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1808 South 11th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME Matheas KOCH

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Maria
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 10 (Day) 1884 (Year)

8. AGE: Years 56 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Hungary (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

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

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

16. (a) Informant's own signature Catherine Raubeck
(b) Address 1957 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director J. H. Gebken Liv. & Und. Co.
(b) Address 2630 Gravois Ave.
19. (a) OCT 29 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 year 1940 hour 6 minute 30 P. 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 Lobar Pneumonia. | Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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. [illegible] (M. D. or other)
Address Deputy Coroner Date signed

(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 Robert F. Gebben

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Missouri

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.