

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10627

State File No. _____

Registration District No. 303

Primary Registration District No. 4182

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 117 East Third St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Hermann
(If outside city or town limits, write "RURAL")

(d) Street No. 117 East Third St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JACOB GOTTFRIED 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 Married

6. (b) Name of husband or wife Maria Koch 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: Nov 9 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9th
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 5th, 1941, to Mar 9th, 1941; that I last saw him alive on Mar 9th, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 4 Days 0
If less than one day _____ hr. _____ min.

Immediate cause of death Apoplexy

Due to Hypertension

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer (retired)

11. Industry or business _____

MOTHER FATHER { 12. Name John Koch

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Eppler

15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Geo. Koch

(b) Address Hermann, Missouri

17. (a) _____ (b) Date thereof Mar. 17 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stony Hill St. James

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?

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) 3-12-41 (b) Anna K. Rickhoff
(Date received local registrar) (Registrar's signature)

23. Signature Howard Horkman (M. D. or other) D

Address Hermann Date signed 3/11/41

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.....

Harold Blum

Licensed Embalmer No. 3160

P. O. Address Hermann, 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, fact should be so stated above.