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MAILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15943**
Registrar's No. **847**

Registration District No. **784** Primary Registration District No. **200**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Meramec Junction (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Widow's Rd. near Babler State Park Rd. and**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether)
In this community **60 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Ballwin** (If outside city or town limits, write "RURAL")
(d) Street No. **Highway #50** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Charles H. Koch**
(b) If veteran, name war **none**
(c) Social Security No. **499-01-8920**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **17** year **1941** hour **10:30** minute **A** M.

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Widower**
7. Birth date of deceased **Sept. 13, 1880** (Month) (Day) (Year)

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.

8. AGE: Years **60** Months **7** Days **4** If less than one day hr. _____ min. _____

Immediate cause of death **Natural causes** Duration _____

9. Birthplace **St. Louis Co. Mo.** (City, town, or county) (State or foreign country)

Due to **Acute dilation of heart with hypertrophy; infarct of left**

10. Usual occupation **Laborer**

Due to **ventricle of heart; small abrasions of r. temporal region**

11. Industry or business **W. P. O. Projects**

Other conditions **h.m.v.** (Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name **Charles Koch**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

Major findings: Of operations _____ Of autopsy **Yes**

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

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

16. (a) Informant **Walter Koch**
(b) Address **Ballwin, Mo.**

22. If death was due to external causes, fill in the following:

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-20-1941** (Month) (Day) (Year)
(c) Place: burial or cremation **St. John's Cem., Ellisville, Mo.**

(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 **Schrader Funeral Home** (Specify type of place) While at work? _____ (e) Means of injury _____
(b) Address **Ballwin, Mo.**

23. Signature **Louis H. Bopp** (M. D. or other) _____ Address **Kirkwood, Mo.** Date signed **4/18/41**

19. (a) **APR 19 1941** (Date received local registrar) (b) **W. R. Meyer, M.D.** (Registrar's signature)

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

m

JUN 26 1941

RECEIVED

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

John M. Meyer

Licensed Embalmer No.

3788

P. O. Address

Werkwood, In

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.