

3. No. 2
-1-4-41
5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30448**
Registrar's No. **7787**

FILLED OCT 18 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
5232 Pernod 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 **50 Years. /** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____
(c) City or town **St. Louis.** **14**
(If outside city or town limits, write "RURAL")
(d) Street No. **5232 Pernod Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Koch.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

4. Sex **Female.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Widowed.**

6. (b) Name of husband or wife **Late August Koch.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 18 1866.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 9 hr. min.

9. Birthplace **Germany.** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Housework.**

11. Industry or business _____

12. Name **John Weber.**

13. Birthplace **Germany.** (City, town, or county) (State or foreign country) **4**

14. Maiden name **Unknown.**

15. Birthplace **Unknown.** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Mrs. Harry J. Links.**

(b) Address **5232 Pernod Ave.**

17. (a) **Burial.** (b) Date thereof **9-30-41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zions Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und.Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **SEP 24 1941** (b) **J. J. Bredich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **27**
year **1941** hour **1:15** minute **45** A.M.

21. I hereby certify that I attended the deceased from **9-25-41**
19____ to **9/27/41** 19____;
that I last saw her alive on **9/27/41** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Ischaemic Haemorrhage** Duration **1 Day**

Due to **Chronic Pulmonary Congestion**

Due to **Chronic Myocardial Disease and Chronic Cardiac Valvular Disease**

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? _____

While at work _____ (Specify type of place) (a) Means of injury _____

23. Signature **Paul B. Webb** (M. D. or other) _____

Address **3467 Worthington** Date signed **9/27/41**

on west.
3467 Mansfield La 7088
J. P. M.

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 Walter L. Ponder
Licensed Embalmer No. 3367
P. O. Address 7223 St. Louis

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.