

No. 2
1-4-41
1-17-30

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35917

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 194

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Carmelite Sisters Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One year
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 92
(c) City or town St. Charles 9
(If outside city or town limits, write "RURAL")
(d) Street No. Carmelite Sisters, Clay St. 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHANNA KOCH

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

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

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

7. Birth date of deceased April 30 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 44 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Louis Koch

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

14. Maiden name Elizabeth Leindecker

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

16. (a) Informant Aurea Albrecht

(b) Address 4025 Juniata Street

17. (a) Burial (b) Date thereof 10/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director John H. Leppien Sons

(b) Address 2630 Gravois Avenue St. Louis

19. (a) 10-5-41 (b) Lawrence H. Kessler
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1941 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 18, 1941, to October 4, 1941,
that I last saw her alive on Oct 3, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 year?

Due to _____

Due to _____

Other conditions generalized arteriosclerosis 10 years?
(Include pregnancy within 3 months of death) fracture - left hip (femur) 6 mos

Major findings: Of operations _____ PHYSICIAN _____

Of autopsy _____ 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 130

(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) (e) Means of injury DMA

23. Signature George E. Koster (M. D. or other) MD

Address St. Charles, Mo. Date signed 10/4/41

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

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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 Robert T. Gebben

Licensed Embalmer No. 4144

P. O. Address.....

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.

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1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
(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..... (b) County.....

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

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Jo Hanna Kuch

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... live on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocarditis

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 30, 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 14 If less than one day..... min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1862

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

10. Usual occupation.....

11. Industry or business.....

Major findings:
Of operations.....

Of autopsy.....

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

MOTHER FATHER { 12. Name.....

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

{ 14. Maiden name..... (City, town, or county) (State or foreign country)

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

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

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

(a) Accident, suicide, or homicide (specify) accidental

(b) Date of occurrence March 18, 1941

(c) Where did injury occur? St. Charles St. Charles Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at St. Joseph Home - old folks home
(Specify type of place) (e) Means of injury fall

While at work? no

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

23. Signature George E. Kuch (M. D. or other) MD

Address St. Charles, Mo Date signed 2/19/61

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

SUPPLEMENTARY

S-35917