S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8819

FILED APR 20 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3280

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Luthern Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 wks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St, Louis 9 9
(If outside city or town limits, write "RURAL")

(d) Street No. 827E Prairie
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary 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 Widow 7

6. (b) Name of husband or wife Jacob

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct (Month) 10 (Day) 1866 (Year)

8. AGE: Years 75 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Detmold (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name F, Kopplemann
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

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

16. (a) Informant Louis Koch
(b) Address 827 E. Prairie

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Stony Hill, Mo.

18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington

19. (a) APR 12 1942 (Date received local registrar) J. H. Bredelk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1942 hour 6 W minute 34 A.M.

21. I hereby certify that I attended the deceased from March 3, 1942 to April 11, 1942
that I last saw her alive on April 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of upper shaft of right femur

Due to Myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
6 wks.
?

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) Accident 037
(b) Date of occurrence March 1 - 1942
(c) Where did injury occur? Hermann Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
27 In her home (Specify type of place)
While at work? (e) Means of injury fall

23. Signature Edmund Mornet (M. D. or other) 0
Address 1504 So Grand Date signed 4-11-42

444

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed James G Sullivan

Licensed Embalmer No. 1122

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.