

25972

S. No. 2  
4-9-4-41  
V. 5-17-39  
P-I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. **7100**

**FILED SEP 1 1942**

Registration District No. .... 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:  
5146 Vernon 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 8 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000

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

(d) Street No. 5146 Vernon Ave.  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** MILDRED LAVERNA KOCH

3. (b) If veteran, name war.....

3. (c) Social Security No. 496-12-8925

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 July 17, 1921  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>21</u>	<u>1</u>	<u>4</u>	hr. .... min.

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

10. Usual occupation Posting Clerk

11. Industry or business Curtis-Wright

**MOTHER** { 12. Name August Koch

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

14. Maiden name Elizabeth Kottwitz

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

16. (a) Informant Aug. Koch

(b) Address 5146 Vernon Ave.

17. (a) Burial (b) Date thereof Aug. 25, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Alexander + Sons (Inc)

(b) Address AUG 25 1942 6175 Delmar Blvd., St. Louis

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 21  
year 1942 hour 5 minute 40 P.M.

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

Immediate cause of death Chronic Myocarditis 3 weeks  
Myocarditis  
expected for a longer  
period than  
three weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: 97  
Of operations  
Of autopsy

Duration

**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) (Specify type of injury)

23. Signature Carey (State)

Address 1454 S. Grand Blvd Date signed 8-23-42

4170

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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 *Jos. E. McCullough*  
Licensed Embalmer No. *2460*  
P. O. Address *6175 Delmar*

**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.)**  
*St. James*  
If this body is not embalmed, fact should be so stated above.