

FILED OCT 28 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8698**

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town St. Louis
(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 1955a Withnell (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1955 Withnell Av (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph J. Koch

3. (b) If veteran, name war 3. (c) Social Security No. 491-16-7871

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

6. (b) Name of husband or wife Mary Curley 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October 18 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months - Days 1 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Jacob Koch

12. Name Mary Rundt

13. Birthplace Moravia (State or foreign country)

14. Maiden name Moravia (State or foreign country)

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

16. (a) Informant Mrs. Mary Koch

(b) Address 1955a Withnell

17. (a) Burial (b) Date thereof 10/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)
New SS. Peter & Paul

(c) Place: burial or cremation

18. (a) Signature of funeral director J. H. Eubank
(b) Address 2630 Gravois Avenue

19. (a) OCT 20 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th
year 1942 hour 12⁵⁰ minute 10 P. M.

21. I hereby certify that I attended the deceased from 9/20 1942 to 10/19 1942
that I last saw him alive on 10/19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
Cardio-vascular cathema

Duration
2 mos.
2 mos.

Due to
Due to 131

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature P. M. Eubank (M. D. or other)
Address 3402 California St. Louis Date signed

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

MOTHER FATHER

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. Gelpew

Licensed Embalmer No..... 4144

P. O. Address..... 2630 Gravois

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.