

FILED MAY 14 1943  
Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 4275

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3700 Taft Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Life \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3700 Taft Avenue  
(If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Simon L. Koch

3. (b) If veteran, name war No 3. (c) Social Security No. 488-07-1027

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

6. (b) Name of husband or wife Emilie Koch 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 4, 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Brew Brewer

11. Industry or business Anheuser-Busch Brewery

12. Name Louis Koch

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

14. Maiden name Louise Wittenberger

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

16. (a) Informant Emilie Koch  
(b) Address 3700 Taft Avenue

17. (a) Burial (b) Date thereof 5 8 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Hester-Heldrich Bros. Co.  
(b) Address 3634 Gravois Avenue

19. (a) MAY 7 1943 (b) J.F. Beedick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1943 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from 3/20/43  
to 5/5/43, 19\_\_\_\_, to 5/5/43, 19\_\_\_\_;  
that I last saw him alive on 5/5/43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Other conditions Right inguinal hernia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_  
23. Signature Andrew J. Klem (M. D. or other) MD  
Address 4632 So Grand Date signed 5/6/43

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 Cochran* .....

Licensed Embalmer No. *2178* .....

P. O. Address *St Louis mo* .....

**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.**