

LED MAY 12 1943

318

1003

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 4148

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:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHAS Kocher

3. (b) If veteran, name war World War #1

3. (c) Social Security No. unknown

4. Sex M 5. Color or race W

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 March 22 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 1 9 hr. min.

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

10. Usual occupation Car repairer

11. Industry or business Mo. Pacific R. R.

12. Name Sanford Kocher

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

14. Maiden name Mary Jane Turner

15. Birthplace Lawrence County, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon Elliott

(b) Address Olney, Illinois

17. (a) Removal  
(Burial, cremation, or removal) (b) Date thereof 5/1/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Olney, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) MAY 4 1943  
(Date received local registrar) (b) J. J. [Signature]  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 994

(a) State Illinois (b) County Richland

(c) City or town Olney  
(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 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1943 hour 9 minute 13 A.M.

21. I hereby certify that I attended the deceased from April 17 1943 to May 1 1943; that I last saw him alive on May 1 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy

Due to Chronic Myocarditis

Due to Cardiac Hypertrophy

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations.....

Of autopsy.....

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) Means of injury.....

23. Signature [Signature] (M. D. or other) 0

Address [Signature] Date signed 5-1-43

JUN 22 1943

4148

4148

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..... *J. Allen Davis Jr* .....

Licensed Embalmer No..... *4055* .....

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.