

FILED JAN 20 1944
Registration District No. 848

Primary Registration District No. 1003

Registrar's No. 119

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:
St. Louis Altenheim 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Yrs
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5408 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Koch
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 4th.
year 1944 hour 8 minute 45 A. M.
21. I hereby certify that I attended the deceased from March 15
36 to Jan 4, 1944
that I last saw him er alive on Jan 4, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 16 1862
(Month) (Day) (Year)

Immediate cause of death
Chr Myocarditis Duration 10 yrs
Due to arteriosclerosis
Due to Senility
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
81 9 18 hr. _____ min.
9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Nil.

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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 Max Stuebel 119 (M. D. or other) MD
Address 512 Duval Date signed 4/27/44

16. (a) Informant John W. Hoerr
(b) Address 5408 S Broadway
17. (a) Burial (b) Date thereof 1-6 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.
19. (a) JAN 5 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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

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.....

Licensed Embalmer No. 2906

P. O. Address. 3013 Meramec

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.