

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 13 1944

Registration District No. 263

Primary Registration District No. 4532

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Marthasville Mo  
(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 1  
(Specify whether  
In this community all her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 107  
(c) City or town Marthasville Mo.  
(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 .....

3. (a) PRINT FULL NAME ZERELDA MARY KOCH

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

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. May 21 1900  
(Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days 13 If less than one day hr. .... min.

9. Birthplace Marthasville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housemaid

11. Industry or business

12. Name John Koch

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

14. Maiden name Louise Berg

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

16. (a) Informant Mrs Louis Schure

(b) Address Marthasville

17. (a) Burial (b) Date thereof Sept 6, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Marthasville Mo.

18. (a) Signature of funeral director Fred W. Schure  
(b) Address Marthasville Mo

19. (a) Sept 5, 1944 (b) Edel Kehr  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4  
year 1944 hour ..... minute 5 A. M.

21. I hereby certify that I attended the deceased from March 1 1944 to Sept 4 1944  
that I last saw h. er alive on Sept 4 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Transition Duration 2 mos

Due to Adenocarcinoma of Ovary (left) with general metastases 1 year

Due to on surrounding serous surfaces

Other conditions 49a  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of the left ovary with metastases in adjacent tissues  
Of operations .....  
Of autopsy .....  
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) (e) Means of injury .....

23. Signature Herbert N. Schmidt (M.D. or other) MD  
Address Marthasville, Mo Date signed 9-5-44

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

0900

1263

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 10-11-44

**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: Fred. W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address Marlottesville Va

**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.