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38291
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4469
Registrar's No. 1034

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution St. Louis City Hospital
(d) Length of stay: In hospital or institution 2 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) County St. Louis
(c) City or town St. Louis
(d) Street No. 2006 S. 12th St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased May 5 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 26
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business George Koch

12. Name George Koch
13. Birthplace Germany

14. Maiden name Sophia Amerine
15. Birthplace Germany

16. (a) Informant Oliver Albrecht
(b) Address 5521 Sutherland Ave.

17. (a) Burial Old St. Marcus Cemetery
(b) Date thereof Feb. 3, 1945
(c) Place: burial or cremation

18. (a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois Ave.

19. (a) FEB 2 1945 J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 31st
year 1945 hour 12:25 minute 4. M.
21. I hereby certify that I attended the deceased from 1/29/45
19 to 1/31/45 19
that I last saw him alive on 1/31/45 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
7 feet
Duration

Due to
Due to
Other conditions: 98.2
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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) (2) Means of injury

23. Signature J. D. Lemley M. D. of State
Address 1515 Lafayette Date signed 1/31/45

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

Frank J. [Signature]

Licensed Embalmer No.

2645

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.