S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 32065

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8853

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: 4523 a Adelaide Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4523 a Adelaide ave 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Koch

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex male 1

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed 7

6. (b) Name of husband or wife Bertha Koch

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 5 (Day) 1865 (Year)

8. AGE: Years 80 Months 4 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business —

FATHER
12. Name John Henry Koch
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Henrietta Dreyer
15. Birthplace (City, town, or county) Germany (State or foreign country) 11

16. (a) Informant Gilbert Koch
(b) Address 4523 a Adelaide ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director A. Kron Lic. U. Co
(b) Address 2707 N. Grand Blvd

19. (a) OCT 15 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1945 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 28, 1944 to Oct 13, 1945 that I last saw him alive on Oct 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Carcinoma of stomach — 1 yr 7 months

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature T. R. Finnegan (M. D. or other)
Address 539 N Grand Blvd Date signed Oct 13, 1945

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCullough

Licensed Embalmer No. 9460

P. O. Address 625 Pelham

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.