

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

14911

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 2 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3523

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 4 days
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 8721 Hall Perry Rd.
Lutheran Althaus (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME LYDIA KOCH
(b) If veteran, name war =
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 16
year 1946 hour 6:40 minute P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h. alive on , 19 ;
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 Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July 17 1857
(Month) (Day) (Year)

Immediate cause of death: Fracture of left femur
When she stepped and fell to the floor at the Lutheran Althaus 8721 Hall Perry Rd. on April 8, 1946 about 11:00 a.m.

8. AGE: Years 88 Months 8 Days 29
If less than one day hr. min.

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

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

Major findings:
Of operations:
Of autopsy:

10. Usual occupation = at home
11. Industry or business
12. Name Julius Koch
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(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) Accident
(b) Date of occurrence April 8 1946
(c) Where the injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place) (e) Means of injury fall

16. (a) Informant M. E. Loring
(b) Address 8721 Hall Perry Rd.
17. (a) Burial (b) Date thereof Apr. 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bible Home
18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 936 St. Louis Ave.
19. (a) APR 16 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature W. J. ... (M. D. or other)
Address Date signed 4/17/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
13811

APR 17 1946

(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..... *Glen W. Potts*

Licensed Embalmer No. *0 3737*

P. O. Address..... *1936 St. Louis Ave.*

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.