S. No. 2
OM—5-43
v. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18601

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 4274

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: Deaconess Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

(c) City or town Jennings (If outside city or town limits, write "RURAL")

(d) Street No. 2646 Terrace Lane (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME F. HENRY KOCH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Anna F. L. Boedeker

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

7. Birth date of deceased May (Month) 9 (Day), 1870 (Year)

8. AGE: Years 76 Months 0 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Johannesburg (City, town, or county) Illinois (State or foreign country)

10. Usual occupation ____

11. Industry or business Retired

MOTHER FATHER

12. Name Henry Koch

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

14. Maiden name Mary Steinkamp

15. Birthplace ____ (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Clarence W. Koch

(b) Address 2646 Terrace Lane, Jennings

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46 (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAY 12 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1946 hour 2:30 PM minute ____ M.

21. I hereby certify that I attended the deceased from Twenty-first ~~2 January~~ 19 46 to May 10 19 46 that I last saw him alive on May 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration ____

Due to Pemphigus

Due to ____

Other conditions Pemphigus (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 Clinton M. Lane (M. D. or other)

Address 508 N. Grand Date signed ____

(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 Raymond F. Hoffmann

Licensed Embalmer No. 4266

P. O. Address St. Louis 7, 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.