

S. No. 2
OM-5-43
Rev. 5-17-39
I-X36671

FILED MAY 31 1948

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **4632**

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

(d) Length of stay: In hospital or institution **5 minutes**
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5521 Sutherland**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Marie Kanitz Koch**

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow 2**

6. (b) Name of husband or wife **George**

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

7. Birth date of deceased **May 9 1875**
(Month) (Day) (Year)

8. AGE: Years **71** Months **0** Days **11** If less than one day
hr. _____ min. _____

9. Birthplace **Unknown** **Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Harning**

13. Birthplace **Unknown** **Germany 4**
(State or foreign country)

14. Maiden name **Susana Harnig**

15. Birthplace **Unknown** **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eleanor Albrecht**

(b) Address **5521 Sutherland**

17. (a) **Burial** (b) Date thereof **5/23/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old. St. Marcus**

18. (a) Signature of funeral director **Walter Hildebrand**

(b) Address **3634 Gravois Ave.**

19. (a) **MAY 23 1948** **J. F. Bradeck**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**
year **1946** hour **11** minute **15** P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coverway thrombosis
Due to _____
94 a
Due to _____

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

PHYSICIAN _____

Major findings: _____
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)

Means of injury _____

23. Signature **Alfred Perry** (M.D. or other) _____
Date signed **5/23/46**

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. Ryland*.....
Licensed Embalmer No. *2675*.....
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.