S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34545

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 168

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

33368

1. PLACE OF DEATH:

(a) County St Carles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 222 Tecumseh Street
(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 DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 222 Tecumseh
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Elizabeth M. Koch
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife August Koch
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased March 25, 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business ____

FATHER
12. Name F. Kierker
13. Birthplace ____ Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Demler
15. Birthplace ____ Germany (City, town, or county) (State or foreign country)

16. (a) Informant Alvin Koch
(b) Address St. Charles, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Hackmann - Baue
(b) Address 326 N. 6th. Str., St. Charles, Mo.
19. (a) 11/12/46 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1946 hour 4 minute - A.M.
21. I hereby certify that I attended the deceased from March 8, 1945 to 10/26, 1946 that I last saw her alive on 4/2, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis (sudden death)	?
Due to: Arteriosclerotic heart disease	?
Generalized arteriosclerosis	?
Due to:	
Other conditions: Thyroid adenoma c hyperthyroidism (Include pregnancy within 3 months of death)	?

Major findings:
Of operations No
Of autopsy No 93D

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) No
(b) Date of occurrence ____
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature R. O. Hayden M.D. (M. D. or other)
Address 216 a N. Main St. Charles Mo. Date signed 10/28/46

284

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 11/13/46

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 Arthur C. Gaue

Licensed Embalmer No. 3155

P. O. Address St Charles M

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.