

FILED DEC 24 1946

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 3730

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Wellston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7500-St. Charles Road  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 2-weeks  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Wellston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7500-St. Charles Road  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Louisa Koch  
 3. (b) If veteran, name war No 3. (c) Social Security No. None  
 4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced S /  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 11 1862  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 16 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Oct 15 1946 to Dec 16 1946  
 that I last saw her alive on Oct 26 1946  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
84 4 5 hr. min.

Immediate cause of death: Chronic myocarditis 12 yrs  
Chronic nephritis  
 Due to 131B  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Quincy Ill.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired teacher  
 11. Industry or business St. Louis Public Schools

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
 12. Name Herman A. Koch  
 13. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Rivinius  
 15. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Carrie E. Koch  
 (b) Address Grays Camp-Wellston, Mo.  
 17. (a) Removal (b) Date thereof 12-18-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Warrenton Cen Mator

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?

18. (a) Signature of funeral director M. J. Miller, M.D.  
 (b) Address 2504-Woodson Rd Overland, Mo  
 19. (a) 12-20-46 (b) Ruth A. Allen, D.  
 (Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury 21  
 23. Signature D. J. Snyder, M.D. (Attending physician)  
 Address 2673 Woodson Rd Overland, Mo

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 *Harold K. Braun*

Licensed Embalmer No. *4337*

P. O. Address *Overland*

**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.**