

No. 2
2-45
FILED
1 2 1947

MAR 11 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2166**

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:
5883 Enright Ave.
(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) **ADOLPH KOCH ALSO KNOWN AS**

3. (a) PRINT FULL NAME **Harry Miller**

3. (b) If veteran, name war **No**
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 **Adell ~~Miller~~ KOCH**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **January 6 1884**
(Month) (Day) (Year)

8. AGE: Years **63** Months **1** Days **25**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Advertising Man**

Industry or business _____

Name **Fred ~~Miller~~ Koch**

Birthplace **Germany**
(City, town, or county) (State or foreign country)

Maiden name **Unknown**

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

Informant **Julius Koch**

Address **5883 Enright Ave.**

1. **Burial** (b) Date thereof **3-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation **Lake Charles Cemetery**

(a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

10. (a) **MAR 3 1947** (b) **J. F. Puleak**
(Date received local registrar) (Registrar's signature)

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. **5883 Enright Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1**
year **1947** hour **9am** minute **05AM**

21. I hereby certify that I attended the deceased from **Jan 20** 1947 to **Mar 1** 1947
that I last saw him alive on **Feb 28** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Atrophic myocarditis**

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Paul Vinyard** (M. D. or other) _____

Address **3718 A Oaklark St** Date signed **3-2-47**

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

can be off...
NORTH SEATER
Hollins & Talt

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.....

J. Allen Ransing
.....
Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. _____

State of Mo }
City of Lewis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2166

On the 10 day of Nov, 1947, before me appears Julius Koch, who, upon his oath, states that the original record of ~~death~~ death of Adolph Koch died 3-1-1947, 19 , in the State of Missouri, and which was filed at _____ on _____, 19 should be corrected as follows:

Item No. 3 should read Adolph Koch also known as Miller

Instead of Harry Miller

Item No. 6-b should read Adele Koch

Instead of Adele Miller

Item No. 12 should read Fred Koch

Instead of Fred Miller

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Julius Koch Infernal Relationship.

5883 Emerald
Present Address.

Subscribed and sworn to before me this 10 day of Nov, 1947

My Commission expires 3-4-49 Carl C. Padlog Notary Public.

Below you see Martin Jagers, Randolph
 Dallas, Texas, D.M. numbers 11-21-1973
 Affidavits containing erasures will not be accepted. Show line through error and write above it.
 People: Adolph Koch, Charles C. - 1947
 Philadelphia, Pa. - 1927

S-6710