

Registration District No. 3

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town NORMANY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'SULLIVAN NUR HOME 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WKS
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME WILLIAM KOCH

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married,
divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased FEB - 11 - 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 20 hr. _____ min.

9. Birthplace JOHNESSBERG, ILL
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

12. Name HERMAN F. KOCH

13. Birthplace JOHNESSBERG, ILL
(City, town, or county) (State or foreign country)

14. Maiden name ANNA M STEINKAMP

15. Birthplace JOHNESSBERG, ILL
(City, town, or county) (State or foreign country)

16. (a) Informant MRS EMMA KRASING

(b) Address OAKVILLE, ILL

17. (a) REMOVAL (b) Date thereof 3-2-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAKVILLE ILL

18. (a) Signature of funeral director ROWLAND MORTUARY SOC

(b) Address 4355 WASHINGTON AV

19. (a) 3-4-47 (b) Willie J. Allen MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County WASHINGTON
(c) City or town OAKVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15
year 1947 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from February 14, 1947, to March 1, 1947,
that I last saw him alive on February 28, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Lympho-sarcoma of Reticulum cell + Reticulo-endothelial system - Roentgen therapy
Due to 552

Due to _____
Other conditions Arterio-sclerotic and hypertensive heart disease

4 yr. PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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)
(a) Means of injury _____

23. Signature Lewis Littmann (M. D. or other) MD
Address 8231 Clayton Rd Date signed 3/2/47

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

96
00

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.....

Ronald Yahrke

Licensed Embalmer No. *3917*

P. O. Address *4355 Washington*

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, above space should be left blank.