

No. 2
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U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11122**
Registrar's No. **2415**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5609 Nottingham Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **Yea rs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **LOUISA M. KOCH**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Gerhard F. Koch**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 24 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 13 hr. min.

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Horath**

13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **Malvina Leckler**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Clara Julia Koch**

(b) Address **5609 Nottingham**

17. (a) **Burial** (b) Date thereof **Mar 10 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **C. Hoffmeister Colonial**
(b) Address **6464 Chippewa St.**

19. (a) **MAR 8 1947** (b) **J. F. Brebeck**
(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. **5609 Nottingham 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 **7**
year **1947** hour **10** minute **AM**
21. I hereby certify that I attended the deceased from **March 5th., 1947.**
to **March 7th., 1947.**
that I last saw her alive on **March 7th., 1947.**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** Duration **24 hrs.**
Due to **Arteriosclerosis** **5 yrs.**
Due to **Bronchopneumonia** **12 hrs.**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
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? _____

23. Signature **Victor K. Mittach** (M. D. or other) **D. S.**
Address **3407 S. Grand Blvd.** Date signed **3/7/47**
While at work? _____ (Specify type of place) (c) Means of injury _____

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

Dr. Victor Dittrich
3407 So. Grand.

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.....

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.