

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19042
Registrar's No. 5015

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: 2025a Blendon Pl.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 2025a Blendon Pl.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HERMAN C. A. KOCH

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. 12 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Austin Texas (City, town, or county) (State or foreign country)

10. Usual occupation Post Office Employee (Retired in 1940)

11. Industry or business

12. Name Edward Koch 13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Augusta Schenken 15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Laura Koch (b) Address 2025a Blendon Pl.

17. (a) Cremation (b) Date thereof 5 20 47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Chapel of Mem.

18. (a) Signature of funeral director Kriegshauser Und. Co. (b) Address 4228 So. Kingshighway Bl.

19. (a) MAY 19 1947 J. F. Brudeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1947 hour 4:40 minute P. M.

21. I hereby certify that I attended the deceased from about June 1946 to May 19 1947 that I last saw him alive on May 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to 95

Due to

Other conditions Chronic Heart Disease (Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature Clifford E. Sanders (M. D. or other) Address 725 D. Dale Ave Date signed May 19 1947

PHYSICIAN Underline the cause to which death should be charged statistically.

10410 State Ave

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 *Edwin R. McQuinn*
Licensed Embalmer No. *3074*

P. O. Address.....

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.