

FILED JUL 12 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22409

State File No.

6460

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County S.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(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

3. (a) PRINT FULL NAME CECELIA 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 Married

6. (b) Name of husband or wife Joseph Koch 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased January 16, 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 5 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Jakabuski

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

14. Maiden name Josephine Groszek

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

16. (a) Informant Joseph Koch

(b) Address 255 Peeke Ave.

17. (a) Burial (b) Date thereof 7/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director CHILLICK UND. CO. INC.

(b) Address 1722 S. Jefferson Ave.

19. (a) JUL 8 1947 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Kirkwood 22
(If outside city or town limits, write "RURAL")
(d) Street No. 255 Peeke Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 4, 1947 to July 5, 1947
that I last saw her alive on July 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Status Lymphaticus

Due to Delivery of normal female infant

Due to _____
Other conditions Full term pregnancy
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Status Lymphaticus

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) Means of injury _____

23. Signature Richard Graese (M. D. or other) _____
Address 968 Arcade Bldg. Date signed 7/6-47

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

20
17
9

MOTHER FATHER

0980

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 Alex A. Chulick Jr.

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jefferson

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.