

No. 2
-1/47
-17-39

FILED OCT 24 1947
Registration District No. 378

State File No.
Registrar's No. 9353

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran 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..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3852 Juniata St.
16 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM H. 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 Alma 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov. 28 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 10 hr. min.

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

10. Usual occupation Foreman

11. Industry or business Graham Paper Co.

12. Name Frederick Koch

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

14. Maiden name Dorothy Bishop

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

16. (a) Informant Alma Koch

(b) Address 3852 Juniata St.

17. (a) Burial (b) Date thereof 10-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

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

19. (a) OCT 9 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1947 hour 3:10 minute A.M.

21. I hereby certify that I attended the deceased from Surv. yrs.
....., 19....., to....., 19.....
that I last saw him alive on 10-7-47, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative Shock Duration 20 hours.

Due to Exploratory Laparotomy

Due to Gastric carcinoma & severe metastases to liver 9-12 mos

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

Major findings: Of operations H/O

Of autops:.....

PHYSICIAN

Underline the cause of 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 0

23. Signature Walter Hoefler (Date received local registrar) (Date signed) 10-9-47
Address 3108 S Grand

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

MOTHER FATHER

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.....

Richard W. Stovesand

Licensed Embalmer No..... *4007*

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.