

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 727
Registrar's No. 93

Registration District No. 111 Primary Registration District No. 5426

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

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Labadie.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Labadie, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 83 yrs. years, months or days)

3. (a) PRINT FULL NAME George August Koch.
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of ~~husband's~~ wife Emma Koch 6. (c) Age of ~~husband's~~ wife if alive deceased years
7. Birth date of deceased January 3rd, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 0 22 hr. min.

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

10. Usual occupation Farming.

11. Industry or business X

MOTHER FATHER { 12. Name Ernst Koch,
13. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Susie Vogt,
15. Birthplace Augusta, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant August Koch
(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof Jan. 27, 1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labadie, Mo.

18. (a) Signature of funeral director Wiburg & Vitt, Inc.
(b) Address Washington, Mo.

19. (a) Jan. 27-48 (b) M. B. Gross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Franklin. 31
(c) City or town Labadie. 2
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th.
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from 15 Dec 48
19 to Jan 26 48
that I last saw him alive on Jan 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal disease. Duration 14 years.

Due to
Due to

Other conditions Generalized arteriosclerosis

Major findings:
Of operations
Of autopsy 121P

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 1-26-48

1951

Date Filed 1-31-48
District File Number _____
District Health Officer No. 9
RECEIVED

[Handwritten scribbles]

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 _____

Jerome F. Swoboda _____, Registered Apprentice No. 441
working under my personal supervision.

Signed A. J. [Signature] _____
Licensed Embalmer No. 2397
P. O. Address Washington, D.C.

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.