. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6597
Registrar's No. 1901

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4571 McCausland Ave., 9
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JESSIE V. KOCH.
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Female.
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Jac H. Koch.
6. (c) Age of husband or wife if alive 68. years
7. Birth date of deceased November (Month) 5. (Day) 1878. (Year)

8. AGE:	Years	Months	Days	If less than one day
	69.	3.	17.	hr. min.

9. Birthplace Millstadt, (City, town, or county) Illinois. (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
FATHER
12. Name James Weible.
13. Birthplace (City, town, or county) Illinois. (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Jac H. Koch.
(b) Address 4571 McCausland Ave.,
17. (a) Interrment. (Burial, cremation, or removal) (b) Date thereof 2/25/48. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd, year 1948. hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from OCT. 28TH, 1937, to FEB. 22, 1948 that I last saw her alive on FEB. 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ACUTE CARDIAC DILATATION	2 hrs
Due to: ACUTE CA HYPERTENSIVE HEART DISEASE	2 YRS
Due to: VASCULAR HYPERTENSION	11 YRS
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. F. Cummings (M. D. ~~or other~~)
Address 444 N. EUCLID Date signed 2/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr J. H. Cummings.
444 NO. Euclid Ave.,
FO: 4981.
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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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, Mo

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.