S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27914

FILED SEP 7 1948
Registration District No. [illegible]

Primary Registration District No. 1003

Registrar's No. 7338

1. PLACE OF DEATH:

(a) County [illegible]

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days (Specify whether
In this community 72 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [illegible]

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5523 South 37th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Katherine C. 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 Charles G. Koch

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 19, 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	5	—	hr. min.

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

10. Usual occupation At Home

11. Industry or business —

MOTHER FATHER

12. Name Herman Stolle

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

14. Maiden name Christine Armbruster

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

16. (a) Informant Mr. Charles Koch

(b) Address 5523 South 37th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.

(b) Address 1936 St. Louis Avenue

19. (a) AUG 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th
year 1948 hour 2: minute 45 P. M.

21. I hereby certify that I attended the deceased from 2 Aug 1948
to 19 Aug 1948
that I last saw h[illegible] alive on 19 Aug 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Cerebral Hemorrhage left	17 Days
Due to (b) Hypertension	4 years
Due to (c)	
Other conditions (Include pregnancy within 3 months of death) Obesity	
Major findings: Of operations No	
Of autopsy No	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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

23. Signature Earl D. Beers (M. D. or other)

Address 508 N. Grand Date signed 20 Aug 48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Earl J. Bieri
508 North Grand

11:00 A.M. Daily

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 Clay L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.