

No. 2
2-45
17-39
X-470

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

FILED OCT 18 1948

1000

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7403a Pennsylvania Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7403a Pennsylvania Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lina Koch
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rev. Emil Koch 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased June 9 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9 year 1948 hour 2 minute 15 P. M.
21. I hereby certify that I attended the deceased from June 1948 to October 4 1948 that I last saw her alive on Oct 13 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Chronic myocarditis chronic nephritis. Hypertension
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 121

9. Birthplace St Charles Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business Home
12. Name Casper Ullrich
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Toedebusch
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Rev. Emil Koch
(b) Address 7403a Penn St Louis Mo.
17. (a) Burial (b) Date thereof Oct 6 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Huckmann Paul
(b) Address St Charles Mo
19. (a) OCT 6 1948 (b) J. B. Casater
(Date received local registrar) (Registrar's signature)

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 R. Beary MD (M. D. or other) _____
Address 3203 S. Olive Date signed 10-13-48

OCT 20 1954

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 Arthur E. Gane

Licensed Embalmer No. 3145

P. O. Address St. Charles 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)