

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10277
State File No. _____
Registrar's No. 2187

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2187	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Des. Loge Hospital 0				d. STREET ADDRESS (If rural, give location) 2521 W. Dodier St 0			
3. NAME OF DECEASED (Type or Print) a. (First) Mary.		b. (Middle) Catherine		c. (Last) Koch.		4. DATE OF DEATH (Month) (Day) (Year) 3, 7, 1949.	
5. SEX female.	6. COLOR OR RACE white.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Sept. 7th 1884.		9. AGE (In years last birthday) 64.	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker		10b. KIND OF BUSINESS OR INDUSTRY Samuel Shoe Co.		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Henry L. Layton.		13b. MOTHER'S MAIDEN NAME Mary F. Tucker.		14. NAME OF HUSBAND OR WIFE late George Koch.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Moll 2521 W. Dodier St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulo nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 12/12 rise to the above cause (a) stating the underlying cause last. DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none 372X				INTERVAL BETWEEN ONSET AND DEATH 10 years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) neither		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Aug. 16, 1948, to Mar. 7, 1949, that I last saw the deceased alive on Mar 6, 1949, and that death occurred at 2:00 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clement J. Sullivan M.D.				23b. ADDRESS 607 N. GRAND		23c. DATE SIGNED Mar 8, '49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-10-49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri		
DATE REC'D BY LOCAL REG. MAR 9 1949		REGISTRAR'S SIGNATURE J. B. Lusater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hy. Leidner, U. 2223 St. Louis Ave.			

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John P. Beehvalz

Licensed Embalmer No. 1674

P. O. Address 2223 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.

Dr. Alvin Sullivan - Jr 6088