

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31909

State File No.

BIRTH NO. 103347 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8192

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. (1)		d. STREET ADDRESS (If rural, give location) 3810 MEREE AVE.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) ALPHA		b. (Middle) TODD - KOCH	
c. (Last)		5. DATE (Month) (Day) (Year) Sept. 21, 1949	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH DEC. 27, 1893
9. AGE (In years last birthday) 45	10. MONTHS 8	11. DAYS 24	12. HOURS 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME JOSEPH MASSEY	13b. MOTHER'S MAIDEN NAME JOSEPHINE ALFORD	14. NAME OF HUSBAND OR WIFE LATE ADOLPH KOCH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MABEL WOGH 3810 MEREE	
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION <i>hydrogenated Turpentine of Pelmer</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 57C	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 626X	
22. I hereby certify that I attended the deceased from 9/6/49, 19 to 9/21/49, 19, that I last saw the deceased alive on 9/21/49, 19, and that death occurred at 12:07 PM, from the causes and on the date stated above.			
23a. SIGNATURE John C. Craine		23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 9/20/49
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (MTR)	24b. DATE 9-23-49	24c. NAME OF CEMETERY OR CREMATORY POPLAR BLUFF CEM.	24d. LOCATION (City, town, or county) (State) POPLAR BLUFF, MO.
DATE REC'D BY LOCAL HEALTH DEPT. SEP 22 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4418 KINGSHIGHWAY	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1949

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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.