No. 300
10.48

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

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35316 8756

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis ( ) c. LENGTH OF STAY (In this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois b. COUNTY 99
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryville Ill
d. STREET ADDRESS N.R. (If rural, give location) 2

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Louis c. (Last) Koch
4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 49
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct 21-1888
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 11 Days 18 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal
11. BIRTHPLACE (State or foreign country) Edwardsville, Ills.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Phillip Koch
13b. MOTHER'S MAIDEN NAME Wilhelmina Schultz
14. NAME OF HUSBAND OR WIFE Isabell Koch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) None--None--
16. SOCIAL SECURITY NO. 342-07-9103
17. INFORMANT'S SIGNATURE OR NAME Isabel Koch ADDRESS Collinsville Ill

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute monocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 74a
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 2041

22. *I hereby certify that I attended the deceased from* 10-3, 1949, *to* 10-9, 1949, *that I last saw the deceased alive on* 10-9, 1949, *and that death occurred at* 10:17a m., *from the causes and on the date stated above.*

23a. SIGNATURE C. O. Vermillion (Degree or title) M.D.
23b. ADDRESS Barnes Hospital,
23c. DATE SIGNED 10-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Oct 12/49
24c. NAME OF CEMETERY OR CREMATORY Fairland Cemetery
24d. LOCATION (City, town, or county) (State) Collinsville Twsp. Ills

DATE RECD BY LOCAL REG. OCT 1 REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Geo M. Schroeppel ADDRESS Collinsville, Ill

(Licensed Embalmer's Statement on Reverse Side)

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 Geo M. Schnepel

Licensed Embalmer No. 1598

P. O. Address Collinsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.