

FILED DEC 30 1949

STANDARD CERTIFICATE OF DEATH

State File No. 42175

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give town) O'FALLON RURAL		c. CITY (If outside corporate limits, write RURAL and give township) O'FALLON RURAL	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED a. (First) FRANCES		b. (Middle) _____		c. (Last) KOCH		4. DATE OF DEATH (Month) (Day) (Year) DEC. 18 1949	
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5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2		8. DATE OF BIRTH Nov. 8 1864		9. AGE (In years last birthday) Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) U O'FALLON RURAL MO		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME HOECKELMANN		13b. MOTHER'S MAIDEN NAME WESTHOFF		14. NAME OF HUSBAND OR WIFE JAMES KOCH DEB'D	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ALBERT KOCH		ADDRESS O'FALLON MO	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
ANTECEDENT CAUSES		DUE TO (b) generalized arteriosclerosis		20 yrs	
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				427.1	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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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)	
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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? _____	
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22. I hereby certify that I attended the deceased from Jan 1947 to 18 Dec 1949, that I last saw the deceased alive on 18 Dec 1949, and that death occurred at 11⁰⁰ a.m., from the causes and on the date stated above.

23a. SIGNATURE Lawrence S. Behm (Degree or title) MD		23b. ADDRESS O'Fallon MO		23c. DATE SIGNED 12-28-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE Dec. 21-1949		24c. NAME OF CEMETERY OR CREMATORY ASSUMPTION		24d. LOCATION (City, town, or county) (State) O'FALLON MO	
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DATE REC'D BY LOCAL REG Dec 29 1949		REGISTRAR'S SIGNATURE Matthias G. Hoff		25. FUNERAL DIRECTOR'S SIGNATURE E. K. Kertley		ADDRESS O'Fallon MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 29 1949
District Health Officer No. 9.
District File Number

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.....

E. K. Kelly

Licensed Embalmer No.

824

P. O. Address.....

O'Fallon

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.