

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15410

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>904</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived, or if institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO</u>		c. LENGTH OF STAY (in this place) <u>41 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY,</u>		<u>264</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VET. ADMIN. HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>715 DELAWARE</u>				
3. NAME OF DECEASED a. (First) <u>OSCAR</u> (Type or Print)			b. (Middle) <u>EDWARD</u>		c. (Last) <u>KOCHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 6, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-6-91</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXXXXXXX</u>		11. BIRTHPLACE (State or foreign country) <u>CALIFORNIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>FRED KOCHER</u>			13b. MOTHER'S MAIDEN NAME <u>M. EMMA ASHLEYMAN</u>		14. NAME OF HUSBAND OR WIFE <u>LUCY KOCHER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes WWT</u>		16. SOCIAL SECURITY NO. <u>L90 09 4991</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V.A. HOSPITAL RECORDS, JEFF. BRKS, MO.</u>				
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) <u>CHRONIC LYMPHATIC LEUKEMIA</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>204.0</u>					20. AUTOPSY? YES <input checked="" 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 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 <u>FEB 21</u> , 1950, to <u>APRIL 6</u> , 1950, and that death occurred at <u>11:15 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L.E. Stuberl M.D.</u> (Print name or title) <u>CHIEF, PROF. SERVICES</u>				23b. ADDRESS <u>V.A. HOSPITAL, JEFF. BRKS, MO.</u>		23c. DATE SIGNED <u>4-6-50</u>		
24a. BURIAL, CREMATION, REMOVAL, OR DISPOSITION <u>Removal</u>		24b. DATE <u>4-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NAT'L. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-6-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Womble, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>H. Hoffmeister, U. & L. Co.</u>		ADDRESS <u>7814 S. Broadway</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Harry Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.