

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35003
Registrar's No. 9036

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		CITY OF DEATH _____		CITY OF DEATH _____		
1. PLACE OF DEATH a. COUNTY St. Louis				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, Missouri			c. LENGTH OF STAY (In this place) years.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital				d. STREET ADDRESS (If rural, give location) 5351 Delmar				
3. NAME OF DECEASED (Type or Print) a. (First) Ottile			b. (Middle) _____		c. (Last) Koch		4. DATE OF DEATH (Month) (Day) (Year) 10 24 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Nov-2-1861	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR (Months) (Days) 11 22	IF UNDER 48 HRS. (Hours) (Mins.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home..		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Edward Beckmann			13b. MOTHER'S MAIDEN NAME Emily Sporleder		14. NAME OF HUSBAND OR WIFE Emil J. Koch - deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Missouri		ADDRESS _____		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension			INTERNAL BETWEEN ONSET AND DEATH 5yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				_____				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H20!				
22. I hereby certify that I attended the deceased from 2-16 , 19 43 to Oct-24 , 19 50 , that I last saw the deceased alive on 10-24 , 19 50 , and that death occurred at 8-50A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. J. B. Fasater				23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 10-24-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10/24/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) 7800 St. Charles Road,		
DATE RECEIVED BY LOCAL HEALTH DEPARTMENT _____		REGISTRAR'S SIGNATURE J. B. Fasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blv'd.,				

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

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 _____

Licensed Embalmer No. _____

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.

Not embalmed