

FILED DEC 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. **39413**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2871

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bonhomme Twshp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bonhomme Twshp.	
c. LENGTH OF STAY (In this place) 52 yrs.		4003	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ballwin, Mo.		d. STREET ADDRESS (If rural, give location) Ballwin, Rd. Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Emma Emelie	b. (Middle) Emelie	c. (Last) Koch	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24, 1893	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Chamois, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Ozeschin	13b. MOTHER'S MAIDEN NAME Minnie Wehmeier	14. NAME OF HUSBAND OR WIFE Edwin Koch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Edwin Koch, ADDRESS Chesterfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1/201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chronic Myocarditis		
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 4001	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (m.)	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 Oct 7, 1949, to Nov 26, 1950, that I last saw the deceased alive on Nov 7, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest F. Scott M.D.	23b. ADDRESS Ballwin, Mo.	23c. DATE SIGNED Nov 27-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 29, 50	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery,	24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri
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DATE REC'D BY LOCAL REG. 11/28/50	REGISTRAR'S SIGNATURE Herbert Radomke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, ADDRESS Ballwin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

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.....

Geo. Schrader

Signed.....
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, Mo.*

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.