

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-MERAMEC</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>7618 WEST MORELAND</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HILL INF.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>KOCH</b> c. (Last) <b>KOCH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3/26/1951</b>		
5. SEX <b>MO</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	
8. DATE OF BIRTH <b>11/4/1878</b>		9. AGE (In years last birthday) <b>72</b>		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SERVICE SUPT.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNION ELECTRIC</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>DANIEL KOCH</b>		13b. MOTHER'S MAIDEN NAME <b>MATHILDA HORNEIER LENA SCHROEDER</b>		14. NAME OF HUSBAND OR WIFE <b>Brother Paschal, Eureka Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>498-05-2071</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Brother Paschal, Eureka Mo.</b>	

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) <b>CARDIAC INSUFFICIENCY</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHRONIC MYOCARDITIS</b>			
		DUE TO (c) <b>GENERALISED ARTERIO</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>SCLEROSIS</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4-2-21</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 **10/19**, 19**48** to **3/25**, 19**51**, that I last saw the deceased alive on **3/25**, 19**51**, and that death occurred at **10:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>4323 ROLAND DRIVE</b>		23c. DATE SIGNED <b>3/26/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3/29/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Gion Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-31-51</b>		REGISTRAR'S SIGNATURE <b>Ruth Jasso</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	
				ADDRESS <b>633 Clayton Rd</b>	

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

500

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 4-2-51

APR 11 1951

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed: *Roland O. Yuhake*

Licensed Embalmer No. *3917*

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.