

FILED DEC 3 1951

STANDARD CERTIFICATE OF DEATH

Dr. State File No. 36570

BIRTH NO. 24666-57 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1002

0396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Springfield Twshp.	
c. LENGTH OF STAY (in this place) 5 Days		d. STREET ADDRESS (If rural, give location) Route # 9 Box # 65	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Michael	b. (Middle) Anthony	c. (Last) Koch	4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1951
--	----------------------------	-----------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 17, 1951	9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days 5 IF UNDER 12 HRS. Hours — Min. —
--------------------	-------------------------------	---	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME Louis F. Koch	13b. MOTHER'S MAIDEN NAME Claire M. O'Reilly	14. NAME OF HUSBAND OR WIFE X
---	---	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Louis F. Koch Spfld, Mo.	ADDRESS
--	------------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sclerodema		INTERVAL BETWEEN ONSET AND DEATH 3 days
	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.		

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) m.	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 11/17, 1951, to 11/22, 1951, that I last saw the deceased alive on 11/22, 1951, and that death occurred at 3 a m., from the causes and on the date stated above.

23a. SIGNATURE Eva Parsons, Jr. MD	(Degree or title)	23b. ADDRESS 609 Cherry St. Springfield, Mo.	23c. DATE SIGNED 11/23/51
---	-------------------	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/24/51	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM. - St. Louis, Missouri	24d. LOCATION (City, town, or county) (State)
--	---------------------------	--	---

DATE REC'D BY LOCAL REG. 11-24-51	REGISTRAR'S SIGNATURE Eva Parsons, Jr. Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer	ADDRESS Springfield, Mo.
--	--	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 Math E Hamels

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.