

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39272

FILED DEC 8- 1951

State File No. 10533
Registrar's No. 10533

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10533		Registrar's No. 10533	
1. PLACE OF DEATH a. COUNTY _____				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 town or township) St. Louis, Missouri			c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2269		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				2. STREET ADDRESS 3253^e KNAPP ST. 7		(If rural, give location)			
3. NAME OF DECEASED (Type or Print) MINNIE		a. (First)		b. (Middle)		c. (Last) KOCH		4. DATE OF DEATH (Month) (Day) (Year) NOV. 25, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 19-1889		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) KANSAS CITY, Mo			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Jolly			13b. MOTHER'S MAIDEN NAME MINNIE AHRENS			14. NAME OF HUSBAND OR WIFE MARTIN F. KOCH			
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARTIN F. KOCH, 3253^e KNAPP ST.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis years DUE TO (c) essential hypertension years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH 3 d.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input 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? 331 X							
22. I hereby certify that I attended the deceased from 11-19-51 , 19____, to 11-25-51 , 19____, that I last saw the deceased alive on 11-25-51 , 19____, and that death occurred at 11:15 Am. , from the causes and on the date stated above.									
23a. SIGNATURE Andrew J. Hahn M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 11-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/27/51		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEMETERY		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. NOV 27 1951		REGISTRAR'S SIGNATURE Calvin F. Feutz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ 4838 NATURAL BRIDGE					

WRITE PLAINLY—USING UNEADING 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 Ralph C. Lenders.....

Licensed Embalmer No. 4275.....

P. O. Address St. Louis - 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.