

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26558

State File No. _____

FILED AUG 1 1952

Registrar's No. 2012

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Clayton		c. CITY OR TOWN Afton	
c. LENGTH OF STAY (In this place) 3 Days		d. STREET ADDRESS (If rural, give location) 5206 Waldo Ave 5296	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Julius	b. (Middle) Frank	c. (Last) Koch	4. DATE OF DEATH (Month) (Day) (Year) 7-26-52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 7-17-1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chef	10b. KIND OF BUSINESS OR INDUSTRY VanHorn Restaurant	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary Ann Koch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Julius H. Koch	ADDRESS 5206 Waldo Ave
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 1 Day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease		1 yr +
	DUE TO (c) Atherosclerosis, General		1 yr +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of Prostate, Simple			4 yr +

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 7-22, 1952 to 7-26, 1952, that I last saw the deceased alive on 7-26, 1952, and that death occurred at 9:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE Quintus Horn, M.D. (Doctor or title)	23b. ADDRESS 601 S. Brentwood Clayton	23c. DATE SIGNED 7-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-29-1952	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	24d. LOCATION (City, town or county) (State) 4360 Bates St. Mo
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DATE REC'D BY LOCAL REG. 7-28-52	REGISTRAR'S SIGNATURE Herbert J. Donnell	25. FUNERAL DIRECTOR'S SIGNATURE Biegenheim Bros	ADDRESS 6409 Gravois Ave
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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. 4343

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.