

REC'D OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37083

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2712

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City #361</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8315 Elmore</u>	
3. NAME OF DECEASED a. (First) <u>Ella</u> (Type or Print)		b. (Middle) _____ c. (Last) <u>Koch</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1952</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>July 6, 1892</u>		9. AGE (In years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Co.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Gasconade Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Fritz Hengstenberg</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lange</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Koch</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Ray, 8315 Elmore</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes, suffered</u> ANTECEDENT CAUSES <u>in her home. Body found by her daughter</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Eleanor Ray on floor in the</u> <u>bedroom of their home.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>7955</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE, OR NATURAL CAUSES <u>NATURAL CAUSES</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>University City - St. Louis, Mo.</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>10-19-52 5:30p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>UNKNOWN NATURAL CAUSES</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Arnold J. Willmann, Coroner</u> (Degree or title)		23b. ADDRESS <u>Clayton, Missouri</u>	
23c. DATE SIGNED <u>10-23-52</u>		24a. BURIAL, CREMATION, REMOVAL, OR OTHER TREATMENT <u>Removal</u>	
24b. DATE <u>10-21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Owensville, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe, 4800 Washington Blvd</u>	
DATE REC'D BY LOCAL REG. <u>10/21/52</u>		REGISTRAR'S SIGNATURE <u>Hardest R. Donohue - M.D.</u>	

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

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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 _____

J. W. M. Minkley

Licensed Embalmer No. 7653

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.