

5. No. 300
EV. 10. 48

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

13-10-50. M
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FILED Dec 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41125

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3144

1. PLACE OF DEATH a. COUNTY <u>Jefferson Co.</u> St. Louis Co. Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JEFFERSON CO.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Breezy Height-Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Breezy Height-Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. I Box 191 Imperial Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Breezy Height Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. I Box 191 Imperial Mo.</u>	
3. NAME OF DECEASED a. (First) <u>Gloria</u> b. (Middle) <u>Clola A.</u> c. (Last) <u>Koch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 25 1907</u>
9. AGE (In years last birthday) <u>45</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Huston</u>	
13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Irwin Koch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Irwin Koch R.R. I Box 191 Imperial</u>		ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean 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>Acute Coronary Thrombosis</u>			
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.			
_____ <u>4201</u>			
19a. DATE OF OPERATION <u>No w.e.</u>		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)	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 <u>1946</u> , to <u>Dec. 4, 1952</u> , that I last saw the deceased alive on <u>Dec. 3, 1952</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Stuedel</u>		23b. ADDRESS <u>M.D. 3701 Grand St.</u>	23c. DATE SIGNED <u>12/6/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/8/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Picker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-8-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u>	
		ADDRESS <u>3013 Meramec</u>	

(Licensed Embalmer's Statement on Reverse Side)

DR C.E. STINDEL
3701 Grand St -
JE 4430

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

Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St. Francis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. A1125-52

State of MISSOURI }
COUNTY JEFFERSON } SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 13 day of DECEMBER, 1952, before me appears IRWIN

Koch, who, upon His oath, states that the original record of ~~birth~~ death

for CLOE-KOCH, died DECEMBER 4, 1952, in the State of

Missouri, and which was filed at ST. COUNTY HOSPITAL on DEC 8, 1952, should be corrected as follows:

Item No. 3 should read CLOLA A. KOCH

Instead of CLOE-KOCH

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Irwin Koch husband
Relationship.

R.R. 1 Box 191 Breezy Heights
Present Address. Imperial Mo.

Subscribed and sworn to before me this 15 day of December, 1952.

Commission Expires Aug. 17, 1952

My Commission expires

Jacob D. Haupt Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

