

FILED JAN 17 1953.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4315

XC16215606

REG #107284

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 367PRIMARY REG. DIST. NO. 500Registrar's No. 0048

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFFERSON BARRACKS</b>		c. LENGTH OF STAY (In this place) <b>19 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>CREVE COUR</b>		4400
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>			d. STREET ADDRESS (If rural, give location) <b>#9 LARKIN AVENUE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>E.</b> c. (Last) <b>KOCH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-6-53</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11-29-93</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HAIRDWARE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DWYER, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>MARTIN G. KOCH</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE WOERTHER</b>		14. NAME OF HUSBAND OR WIFE <b>MARIE D. KOCH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>493-01-5617</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>			
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.	18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>METASTATIC CARCINOMA OF THE LEFT BREAST</b>  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 <b>LYMPHATIC LEUKEMIA AND ENCEPHALOMALACIA</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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) <b>VA</b>	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 <b>12-18-52</b> , to <b>1-6-53</b> , 19 <del>XXXXXXXXXXXXXXXXXXXX</del> and that death occurred at <b>1:10A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>R. R. Allen</b>			23b. ADDRESS <b>R.A. ALLEN MD VAH JEFFERSON BARRACKS, MO.</b>		23c. DATE SIGNED <b>1-6-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN 10 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST PAUL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO., MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>1-8-53</b>	REGISTRAR'S SIGNATURE <b>H. J. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Blumhardt Bros Inc 2504 Woodson Rd Overland, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 3454

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Oakland 14, 7

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.