

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23704

FILED JUN 16 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6336 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Charrette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> <u>0361</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emmaus Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edwin</u>	b. (Middle) <u>T.</u>	c. (Last) <u>Koch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 1, 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>August Koch</u>	13b. MOTHER'S MAIDEN NAME <u>Hennerette Gawer</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John G. Ruhl,</u>	ADDRESS <u>Marthasville, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Nephritis</u>		<u>4 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cutaneous scleroderma + Gangrene of foot</u> DUE TO (c) <u>Gangrene of both feet</u>		<u>2 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death <u>Gangrene of both feet</u>			<u>1 1/2 yr</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>446x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 checked="" 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 May 1948 to June 7, 1953 that I last saw the deceased alive on June 5, 1953 and that death occurred at 11 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Marthasville Mo</u>	23c. DATE SIGNED <u>6/8/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woollong Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/8/53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. (EMERALD DIRECTOR'S) SIGNATURE <u>[Signature]</u>	ADDRESS <u>Marthasville, Mo.</u>
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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

*Samuel F. Lightenberg*

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.