

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27527

State File No.

No. 300
10-48

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 4532 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marthasville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marthasville	
c. LENGTH OF STAY (In this place) 89 yrs.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) Louisa	b. (Middle) Florentina	c. (Last) Koch	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 15, 1863	9. AGE (In years last birthday) 89	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Gottlieb Berg	13b. MOTHER'S MAIDEN NAME Florentina Berg	14. NAME OF HUSBAND OR WIFE John 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 Freidia Suhre	ADDRESS Marthasville, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	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) (m.)	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 Mar, 1953, to July 18, 1953, that I last saw the deceased alive on July 18, 1953, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS Marthasville Mo	23c. DATE SIGNED 7-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 21, 53	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	24d. LOCATION (City, town, or county) (State) Marthasville, Mo.
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DATE REC'D BY LOCAL REG. 7/21/53	REGISTRAR'S SIGNATURE [Signature] 334-0	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Marthasville, Mo.
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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

Belmont F. Lichtenberg

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.