

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED AUG 20 1953

30141

State File No. \_\_\_\_\_  
Registrar's No. **7010**

BIRTH NO. 39297 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  c. LENGTH OF STAY (In this place) <u>1 day</u>  d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Christian Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2079</u>  d. STREET ADDRESS (If rural, give location) <u>4528a Carter Avenue</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>KOCH</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 15, 1953</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>June 2, 1953</u>	<b>9. AGE</b> (In years last birthday) <u>1</u>	<b>IF UNDER 1 YEAR</b> Months <u>1</u> Days <u>13</u>	<b>IF UNDER 24 HRS.</b> Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>S5. Louis, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Arthur W. Koch</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Dussold</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Arthur W. Koch, 4528a Carter Avenue</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Diarrhea, Cause undetermined</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) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 days</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>5710</u>	

**22. I hereby certify that I attended the deceased from July 8, 1953 to July 15, 1953, that I last saw the deceased alive on July 15, 1953 and that death occurred at 3:30P m. from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>J. P. Smith M.D.</u>	<b>23b. ADDRESS</b> <u>42227 Grand</u>	<b>23c. DATE SIGNED</b> <u>7/16/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>July 17, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>JUL 16 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. P. Smith M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Stock Mortuary, 2117 E. Grand Blvd</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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.