

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32429

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2157</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clayton</u>)		c. LENGTH OF STAY (in this place) <u>4 days</u> township) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				STREET ADDRESS (If rural, give location) <u>617 Jackson Street</u> 2089			
3. NAME OF DECEASED (Type or Print) <u>Walter</u>		a. (First)		b. (Middle)		c. (Last) <u>Koch</u>	
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>1-23-1936</u>	
9. AGE (In years last birthday) <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Walter E. Koch, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Kircher</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>PRESENT TIME Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. P. Ackerman, Belleville, Ill.</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary emboli</u> DUE TO (c) <u>Trauma (auto accident)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Subarachnoid hemorrhage</u> <u>Compound Fract. Rt. tibia & fibula</u> <u>Ruptured spleen.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>hrs.</u> <u>hrs.</u> <u>4 days.</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Hy.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>St. Louis MO.</u> (STATE) <u>26</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 5, 1954 12:00 PM</u>	
21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile he was operating Auto Collision collided with another auto.</u>					
22. I hereby certify that I attended the deceased from <u>9-5</u> , 19 <u>54</u> , to <u>9-9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-9</u> , 19 <u>54</u> , and that death occurred <u>at 5:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter S. Nixon M.D.</u> (Degree or title)				23b. ADDRESS <u>601 So. Brentwood</u>		23c. DATE SIGNED <u>9-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/10/54</u>		REGISTRAR'S SIGNATURE <u>Robert S. Amberg</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Pete Gardner, Belleville, Ill.</u> ADDRESS _____			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.