

FILED FEB 21 1955

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

State File No. **6277**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1147**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b> <b>2249</b>             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2225 Pestalozzi</b>                                      |  | d. STREET ADDRESS (If rural, give location)<br><b>24 2225 Pestalozzi</b>  |  |

|   |  |                               |  |  |  |   |  |   |  |  |  |                            |  |
|---|--|-------------------------------|--|--|--|---|--|---|--|--|--|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Walter</b>   |  | b. (Middle)                   |  | c. (Last) <b>Koch</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb. 5 1955</b>       |  |   |  |  |  |                            |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>White</b> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> |  | 8. DATE OF BIRTH<br><b>Sept 30 1887</b>                           |  | 9. AGE (In years last birthday) <b>67</b> |  | IF UNDER 1 YEAR Months Days                |  | IF UNDER 2 HRS. Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Taveran Owner</b> |  |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis Mo.</b> |  |   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |  |                            |  |

|   |  |  |  |  |  |   |  |  |                                   |  |  |
|---|--|--|--|--|--|---|--|--|-----------------------------------|--|--|
| 13a. FATHER'S NAME<br><b>Louis Koch</b>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Katherine Seibel</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Edna Koch</b>       |  |  |                                   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  |  | 16. SOCIAL SECURITY NO.<br><b>489-09-6866</b>        |  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Edna Koch</b> |  |  | ADDRESS<br><b>2225 Pestalozzi</b> |  |  |

|   |  |   |  |  |  |  |  |   |  |
|---|--|---|--|--|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | <b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>of Pancreas + Biliary tract</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>about 1 year</b> |  |
|---|--|---|--|--|--|--|--|---|--|

|  |  |  |  |   |  |   |  |   |  |
|--|--|--|--|---|--|---|--|---|--|
| 19a. DATE OF OPERATION                                 |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) |  | 21f. HOW DID INJURY OCCUR?<br><b>157X</b> |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |   |  |   |  |   |  |

22. I hereby certify that I attended the deceased from **Aug 24, 1954**, to **Feb. 5, 1955**, that I last saw the deceased alive on **Feb. 5, 1955**, and that death occurred at **2:30P m.**, from the causes and on the date stated above.

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 23a. SIGNATURE<br><b>Wm. Schumacher</b> (Degree or title) <b>MD</b> |  | 23b. ADDRESS<br><b>3606 Shawnee Ave</b> |  | 23c. DATE SIGNED<br><b>2/19/55</b>                              |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>         |  | 24b. DATE<br><b>2/9/55</b>              |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Burial Park</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b> |  |

|   |  |  |  |   |  |                                |  |
|---|--|--|--|---|--|--------------------------------|--|
| DATE REC'D BY LOCAL REG.<br><b>FEB 7 1955</b> |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Wm. Schumacher</b> |  | ADDRESS<br><b>3013 Meramec</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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Jack Haupt*

Licensed Embalmer No. \_\_\_\_\_

*4746*

P. O. Address \_\_\_\_\_

*St Louis*

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

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