

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27862  
7154

State File No. ....  
Registrar's No. ....

318 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY OR TOWN Ferguson	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 160 yrs.		e. STREET ADDRESS (If rural, give location) 1227 Hudson Road	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Barnes Hospital			
3. NAME OF DECEASED a. (First) Herman b. (Middle) ----- c. (Last) Koch			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14 1955
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 19, 1879
9. AGE (In years last birthday) 75 yrs		10. KIND OF BUSINESS OR INDUSTRY Cupples-Hesse Co.	11. BIRTHPLACE (City and State or Foreign Country) Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Guard		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick Koch		13b. MOTHER'S MAIDEN NAME Dorothea Bishop	14. NAME OF HUSBAND OR WIFE Lillian Koch (Marienau)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Spanish American 492-22-6640	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Koch, 1227 Hudson Rd. Ferguson
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease with myocardial infarction</i> INTERVAL BETWEEN ONSET AND DEATH 1 week 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/6, 1955 to 8/19, 1955, that I last saw the deceased alive on 8/13, 1955 and that death occurred at 3:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Norman P. Knowlton M.D.		23b. ADDRESS 3720 Washington St. Columbia, Mo	
23c. DATE SIGNED 8/16/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 17, 1955	
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. AUG 16 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 NAT'L BRIDGE, 15			

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

SEP 13 1954

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..... *Ralph C. Lindess*.....

Licensed Embalmer No...427...

P. O. Address...*St. Louis*...

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.