

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

29424

State File No. \_\_\_\_\_

FILED OCT 6 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. 539

0360

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>	
b. CITY OR TOWN <b>Rural-Central</b>		b. COUNTY <b>Franklin</b>	
c. LENGTH OF STAY (in this place) <b>30 yrs</b>		c. CITY OR TOWN <b>St. Clair</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Clair Route 2</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>Route 2</b>		0360	

3. NAME OF DECEASED (Type or Print) <b>Charles J Koch</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>Oct. 1, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 7, 1873</b>	9. AGE (In years last birthday) <b>82</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Druggist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Whle Drugs</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Waterloo, Illinois.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charles Koch</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Sims</b>	14. NAME OF HUSBAND OR WIFE <b>Eleanor Koch</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Francis L. Koch</b>	ADDRESS <b>851 Forest St. Charles, Mo</b>
---	-------------------------------------	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	DUPLICATE OF (a)		
ANTECEDENT CAUSES	DUPLICATE OF (b)		
DUPLICATE OF (c)	DUPLICATE OF (c)		
II. OTHER SIGNIFICANT CONDITIONS	DUPLICATE OF (d)		

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Colony Thrombosis

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) <b>Natural</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At Home</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Clair Central - Franklin Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 1, 1955</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Dropped dead in kitchen</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ernest R. Ottmann</b>	(Degree or title) <b>Crossed Second Mo</b>	23b. ADDRESS <b>St. Clair, Mo</b>	23c. DATE SIGNED <b>Oct 2, 1955</b>
---	--	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-4-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Clare Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Clair, Mo.</b>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>10-3-55</b>	REGISTRAR'S SIGNATURE <b>Floyd Williams</b>	511-	25. FUNERAL DIRECTOR'S SIGNATURE <b>Casely &amp; Lenox</b>	ADDRESS <b>St. Clair, Mo</b>
---	---	------	--	------------------------------

(Licensed Embalmer, 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.....  
Signature of Student Embalmer

Signed *E. M. Land* .....

Licensed Embalmer No. *3601*

P. O. Address *St. Clair*

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.