

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

State File No. **3264**

FILED FEB 10 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **267**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Overland		c. CITY OR TOWN Overland	
c. LENGTH OF STAY (in this place) 16 mos.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Edgewood Retreat, 4201 McKibbon Rd		e. STREET ADDRESS 4201 Natural Bridge Rd.	

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) L.	c. (Last) KOCH	4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1956.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 19, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Secy-Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George John Koch	13b. MOTHER'S MAIDEN NAME Sophie Armrein	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Wickert, 4647 Pope Ave.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atherosclerosis heart disease		INTERVAL BETWEEN ONSET AND DEATH many years
	b. cardiac atherosclerosis		
	c. generalized atherosclerosis		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DU TO (b) generalized atherosclerosis DU 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"/>
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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) 2608
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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?
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22. I hereby certify that I attended the deceased from June 1, 1955, to Jan 27, 1956, that I last saw the deceased alive on Jan 24, 1956, and that death occurred at 12:57 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph B. Kessler MD</i>	(Degree or title)	23b. ADDRESS 4877 Taylor Ave St. Louis 8 Mo	23c. DATE SIGNED 1/28/56
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) 19 Burial	24b. DATE 1/30/56	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 1-30-56	REGISTRAR'S SIGNATURE <i>Herbert B. Blouba MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz Funeral Home, Inc.	ADDRESS 4828 Natural Bridge Blvd., St. Louis, Mo.
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Dr. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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. Lindner*.....

Licensed Embalmer No. *427*.....

P. O. Address *31 Linn*.....

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.