

No. 300
10.4

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2883**
353

FILED FEB 6 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Pine Lawn	
d. FULL NAME OF HOSPITAL OR INSTITUTION D. O. A. City Hospital 37 Goodfellow & Nat. Br.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin		b. (Middle) William		c. (Last) Koch	
4. DATE OF DEATH (Month) (Day) (Year) 1 10 57		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 26, 1890		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Checker		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
13a. FATHER'S NAME Fred J. Koch		13b. MOTHER'S MAIDEN NAME Katherine Kemper		14. NAME OF HUSBAND OR WIFE Julia Koch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 498-03-8181A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Julia Koch, 6046 Grimshaw	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Trauma Injury, Multiple fractures suffered when struck by car operated by one Robert Brown in vicinity of Ferris and Goodfellow Avenues, about 5:55 pm., January 10, 1957.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH 8 1/2 hours	
20a. ACCIDENT (Specify) Accident		20b. PLACE OF INJURY (e.g. in or about home, farm, school, street, etc.) Street		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 000	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 10 57 5:55 pm.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 Pm. , from the causes and on the date stated above.					
23a. SIGNATURE Joseph M. Smith, Deputy Reg.		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/14/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/14/57		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral		ADDRESS 1905 Union	

(Licensed Embalmer's Statement on Reverse Side)

no J.B.

INSIDE

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..... *Albert R. Thompson*

Licensed Embalmer No. 425

P. O. Address *H. J. ...*

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.