

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1958

4026

STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 500 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) (Location) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Koch</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Robert Koch Hosp.</u>		Length of stay in lb <u>174 days</u>		d. STREET ADDRESS <u>5042 Rosa</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Adaline</u> Middle <u></u> Last <u>Loser</u>				4. DATE OF DEATH Month <u>1</u> Day <u>19</u> Year <u>58</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>6-11-99</u>	9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Christian Loser</u>				14. MOTHER'S MAIDEN NAME <u>Catherine ?</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Robert Koch Record Room, Koch, Mo.</u> Address <u></u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRONCHOPNEUMONIA ?</u> DUE TO (b) <u>PULMONARY TUBERCULOSIS,</u> DUE TO (c) <u>ooax</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u></u>							INTERVAL BETWEEN ONSET AND DEATH <u></u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>		
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>		
21. I attended the deceased from <u>7-29-57</u> to <u>1-19-58</u> and last saw her/him alive on <u>1-19-58</u> Death occurred at <u>12.45</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Axel R. Brown M.D.</u> (Degree or title)				22b. ADDRESS <u>Koch Mo. Robert Koch Hosp.</u>		22c. DATE SIGNED <u>1/20/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan 22, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Pines</u>		23d. LOCATION (City, town, or county) <u>Springfield</u> (State) <u>Mo</u>			
24. FUNERAL DIRECTOR <u>A. Brown</u> ADDRESS <u>2707 N. Grand</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 21, 58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Daniels MD</u>				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Loren E. Percy* .....

Licensed Embalmer No. *409* .....

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ( 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.