

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008139
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 529

| | | | | | | | |
|--|-------------------------------|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jennings</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Jennings</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5333 Jennings Road</u> | | Length of stay in lb <u>1 year</u> | | d. STREET ADDRESS (If outside, give location) <u>5333 Jennings Road</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>H</u> Last <u>Kocher</u> | | | 4. DATE OF DEATH Month <u>February</u> Day <u>17</u> Year <u>1958</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Feb 10 1889</u> | | 9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self-employed</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Kocher Drayage Co</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Kocher</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Minnie Benholz</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Frieda Kocher</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>494-36-7595</u> | | 17. INFORMANT Address <u>Mrs. Frieda Kocher, 5333 Jennings Road</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>Painful cerebral</u> <u>Hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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>None</u> | | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 20f. CITY, TOWN, OR LOCATION <u>Jennings</u> | | COUNTY <u>St. Louis</u> STATE <u>Missouri</u> | |
| 21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <u>10:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>M. F. Name</u> | | | 22b. ADDRESS <u>2739 S Grand</u> | | | 22c. DATE SIGNED <u>2/18-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Feb. 20 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Math Hermann & Son, Inc., 2161 E. Fair</u> | | | 25. DATE RECD. BY LOCAL REG. <u>2-19-59</u> | | 26. REGISTRAR'S SIGNATURE <u>Herbert R. Dornke M.D.</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Jeffrey Bursley*

Licensed Embalmer No. *4202*

P. O. Address *Adou*

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.