

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027137

STATE FILE NUMBER

FILED AUG 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7175

S. 300
v. 1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis (15)	
c. FULL NAME OF DECEASED (If not in city location) St. Louis City				Length of stay in 1b 2 days		d. STREET ADDRESS (If outside, give location) 4945 Palm	
3. NAME OF DECEASED (Type or print) First Grace Middle Jackson Last Koch				4. DATE OF DEATH Month 7 Day 19 Year 58			
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 11, 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		9. AGE (In years last birthday) 73 yrs	
13a. FATHER'S NAME Frank Jackson				13b. MOTHER'S MAIDEN NAME Emma Reeves		12. CITIZEN OF WHAT COUNTRY? USA	
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		14. NAME OF HUSBAND OR WIFE Julius Koch	
17. INFORMANT Mr. Julius Koch				Address 4945 Palm			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBROVASCULAR ACCIDENT						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						33 1/2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT <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.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 7-18-58 - 10:55 AM to 7-19-58 and last saw her alive on 7-19-58 Death occurred at 11:10 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Walter J. Weinstein, M.D.			22b. ADDRESS 1515 Lafayette			22c. DATE SIGNED 7-19-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 21, 1958		23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		23d. LOCATION (City, town, or county) (State) Chicago, Ill	
24. FUNERAL DIRECTOR ADDRESS ALEXANDER & SONS 6175 Delmar				25. DATE RECD. BY LOCAL REG. JUL 21 '58		26. REGISTRAR'S SIGNATURE Carl Smith MD	

(RE) State of

of the State

County

City of
In testimony

of the State

County

City of

State of

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 *Jos. E. McCulloch*

Licensed Embalmer No. *2462*

P. O. Address *617 3rd St*

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.