Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031194
STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2172

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Clayton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Co. Hosp. — Length of stay in 1b 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Lemay 4860 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1916 Telegraph Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ANNA Middle: R. Last: KOCH
4. DATE OF DEATH Month: 8 Day: 17 Year: 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sep. 1, 1877
9. AGE (In years last birthday) 80 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Hemker
13b. MOTHER'S MAIDEN NAME Elizabeth Naab
14. NAME OF HUSBAND OR WIFE Maurice C. Koch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 496-18-8677B
17. INFORMANT LaVera Koch — Address 1916 Telegraph Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Malnutrition + Dehydration
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Arteriosclerotic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-16-1958 to 8-17-1958 and last saw her alive on 8-17-1958
Death occurred at 9:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roger Christensen (Degree or title) M.D.
22b. ADDRESS 601 S. Brentwood Blvd.
22c. DATE SIGNED 8-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 21, 1958
23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR Kriegshauser — ADDRESS 4228 S. Kingshighway
25. DATE RECD. BY LOCAL REG. 8-20-58
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed William B. White .....
Signature of Student Embalmer

Licensed Embalmer No. 4291 .....

P. O. Address 422 Pike King Slough

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.