

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011101
STATE FILE NUMBER
2 2474

FILED MAR 25 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
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 Dupo, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.		Length of stay in lb 37 days	d. STREET ADDRESS (If outside, give location) 728 Minnie Ave., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edward Middle Charles Last Koch			4. DATE OF DEATH Month March Day 8, Year 1959.
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 1, 1909
9. AGE (In years last birthday) 49 yrs.		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) Car Inspector		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Maestown, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles KOCH	
13b. MOTHER'S MAIDEN NAME Katherine WERNICKE		14. NAME OF HUSBAND OR WIFE Hazel KOCH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None.		16. SOCIAL SECURITY NO. 702-14-8812	17. INFORMANT Hazel A. Koch Address 528 Minnie Dupo, Illinois
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS			INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA RT LUNG			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x			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 _____ Month, Day, Year _____ 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 1/31/59 to 3/8/59. and last saw ^{her} him alive on 3/8/59. Death occurred at 9:53 P.M., _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) John T. Vandover MD		22b. ADDRESS 1755 South Grand Blvd.,	22c. DATE SIGNED 3/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE March 10, 59	23c. NAME OF CEMETERY OR CREMATORY VALHALLA	23d. LOCATION (City, town, or county) (State) Belleville, Illinois
24. FUNERAL DIRECTOR Dashner Funeral Home		ADDRESS Dupo, Illinois	25. DATE RECD. BY LOCAL REG. MAR 11 '59
26. REGISTRAR'S SIGNATURE Neal Smith, M.D.			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
20
71

7.13.

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 *Huddell R. Ashner*

Licensed Embalmer No. *4621*
P. O. Address *Weyss Illinois*

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.