

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS APR 4 1960

60-012833

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3343** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ---		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ---	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 60 Years	c. CITY OR TOWN St. Louis 10, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MASONIC HOME HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3629 Shenandoah Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) MAMIE GEBIG KOCHS First Middle Last			4. DATE OF DEATH 3/22/60 Month Day Year	
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH II/25/1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE Own Home	11. BIRTHPLACE (City and state or country) Beardstown, Ill.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME GEORGE F. GEBIG	13b. MOTHER'S MAIDEN NAME MARIE J. HOFFMAN	14. NAME OF HUSBAND OR WIFE ALBERT KOCHS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Address Mrs. Myron H. Mosert, 3 Taylorville
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBERAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS		
DUE TO (c) 332x		UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 9-28-58 to 3/22/60 and last saw her 3/22/60 Death occurred at 10:10 pm. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Harold E. Walters M.D.	22b. ADDRESS 3720 WASHINGTON AVE. ST. LOUIS	22c. DATE SIGNED 3/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/24/1960	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, Inc 6175 Delmar	25. DATE RECD. BY LOCAL REG. MAR 23 1960	26. REGISTRAR'S SIGNATURE Harold Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph M. Cullough

Licensed Embalmer No. 286

P. O. Address 6145 Rd

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.