MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-032614

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8514

FILED SEP 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri — Length of stay in 1b: 1 week

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: Madison

c. CITY OR TOWN: Collinsville — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 329 North Aurora St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Albert — Middle G. — Last Koch

4. DATE OF DEATH: Month September — Day 2 — Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-13-13

9. AGE (last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (City and state or country): Collinsville, Ill.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Koch

13b. MOTHER'S MAIDEN NAME: Bertha Bollinger

14. NAME OF HUSBAND OR WIFE: Evelyn Ruth Koch

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.: Unknown

17. INFORMANT: Evelyn Koch — Address: 329 N. Aurora St., Collinsville, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Brain Abscess — INTERVAL BETWEEN ONSET AND DEATH: 2 or 3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Chronic ear infection — Many years

DUE TO (c): 3911

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. ☐ Yes ☐ No ☐ Unknown

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 August 28, 1962, to Sept. 2, 1962 and last saw her/him alive on Sept. 2, 1962

Death occurred at 8:43 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. O. Vermillion M.D. M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 9/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/7/62

23c. NAME OF CEMETERY OR CREMATORY: St. John

23d. LOCATION (City, town, or county) (State): Collinsville Illinois

24. FUNERAL DIRECTOR: Herbert A. Kassly, ADDRESS: Collinsville, Ill.

25. DATE RECD. BY LOCAL REG.: SEP 4 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Not Embalmed Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Herbert A. Kosty

Signature of Student Embalmer

Licensed Embalmer No. 2803

P. O. Address Collinsville, Ill.

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.