MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15509

File No.
Registered No. 133

1. PLACE OF DEATH
County St. Louis
Township Central
City (No. Midland Sanitarium St. Ward)
Registration District No. 789
Primary Registration District No. 6033 B.

2. FULL NAME Moritz Koch
(a) Residence. No. 1309 Temple Pl. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Koch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	6	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hardware Store
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 2½ years
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) Augusta Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Christian Koch
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Sophie Mallinckrodt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany.

14. INFORMANT Mrs. Minnie Koch
(Address) 1309 Temple

15. FILED 4/2, 1931 Ocela Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 1931

17. I HEREBY CERTIFY, That I attended deceased from March 20th, 1931, to March 31, 1931, that I last saw him alive on March 31, 1931, and that death occurred, on the date stated above, at 8:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
730
106 B
119 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Bronchitis + asthma (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Rush Turner, M. D.
April 2, 1931 (Address) 1251 Blackstone ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Crematory
DATE OF BURIAL April 3 1931
20. UNDERTAKER Shepard Funeral Home
ADDRESS 7167 Hamilton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

V. S. No. 2.