SEP 25 1937

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

Do not use this space.

File No. 31706

Registered No. 103

1. PLACE OF DEATH

County: St. Louis — Registration District No. 185

Township: Bonhomme — Primary Registration District No. 6031

City: Ballwin (No. ..... St. ..... Ward)

2. FULL NAME Margaret Koch

(a) Residence, No. Glencoe, Mo. R.F.D. #1 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 21-1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year): April 28-1937

11. Total time (years) spent in this occupation: 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Des Peres, Mo.

FATHER

13. NAME: Casper Ellebrecht

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Amelia Kutter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Charles Koch
(ADDRESS) Glencoe, Mo. R-#1

18. BURIAL, CREMATION, OR REMOVAL: St. John Cem.
PLACE Ellisville, Mo. DATE Aug. 4-1937

19. UNDERTAKER: Schrader Funeral Home
(ADDRESS) Baldwin, Mo.

20. FILED 8-3, 1937 Agnes C. Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 2-1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to July 31, 1937

I last saw her alive on July 31, 1937. Death is said to have occurred on the date stated above, at 12:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1936
Hypertension	

Other contributory causes of importance:

Arteriosclerosis

Name of operation: None Date of: None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Owen R. Lemm M.D. M. D.

(Address) Manchester, Mo.

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.