

REC'D JUN '9 1938

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

17111
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **St. Anns Maternity Hospital** Registered No. **4972**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME **Baby Koch**

(a) Residence, No. **5009 Genevieve Avenue** St. **7**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 30, 1938**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

FATHER
13. NAME **Charles F. Koch**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

MOTHER
15. MAIDEN NAME **Mildred Froeschner**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

17. INFORMANT **Charles F. Koch** (ADDRESS) **5009 Genevieve Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns** DATE **May 31, 1938**

19. FUNERAL DIRECTOR (NAME) **Math. Hermann & Son** (ADDRESS) **2161 East Fair Avenue**

20. FILED **MAY 31 1938** **J.P. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 30, 1938**
22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **3:00 A. M.**
The principal cause of death and related causes of importance were as follows:

Date of onset
Still-born
not macerated.
Other contributory causes of importance:
abruptio placentae

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? **1**
If so, specify
(Signed) **Terry H. Swahler, M. D.**
(Address) **St. Ann's Hospital, St. Louis**

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

Registered Apprentice No....., working under my personal supervision.

Signed *William S. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St Louis, Mo*

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 this body is not embalmed, above space should be left blank.