

0. 2  
4-41  
7-39  
X26390

DEC 22 1941 791  
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2015 S Grand /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Lydia Koch

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female 5. Color or race white 5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred W Koch 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 2, 1883 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 4 25 hr. min.

9. Birthplace St Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

FATHER { 12. Name Carl Bredemeyer  
13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Tekla Blandowski  
15. Birthplace St Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred W Koch  
(b) Address 2015 South Grand

17. (a) cremation (b) Date thereof 11/29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John S Ziegenhain & Sons  
(b) Address 7027 Gravois Ave.

19. (a) NOV 28 1941 (b) J. T. Bredemeyer  
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2015 South Grand  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 6 - 1941  
19... to Nov - 27 1941  
that I last saw her alive on Nov - 29<sup>th</sup> 1941  
and that death occurred on the date and hour stated above

Immediate cause of death Chronic Cardiac Val. Disease 2 yrs.  
Duration

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury.....  
23. Signature Lloyd L Heid (M. D. or other)  
Address 2739 N Grand Date signed 11/27/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *E. P. Kidwell*  
Licensed Embalmer No. *3877*  
P. O. Address *7027 Maunis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**