

S. No. 2
OM-5443
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12101
Registrar's No. 760

FILED APR 8 1944

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Eureka

(c) Name of hospital or institution: (None) Highway #66
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Eureka
(If outside city or town limits, write "RURAL")

(d) Street No. South of Highway #66
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Ellen Koch

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herman Koch

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. 3 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 6 22 hr. _____ min.

9. Birthplace Sanes Prairie Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business At Home

MOTHER FATHER { 12. Name Louis S. Smith

13. Birthplace Cosconade Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Ann Smith

15. Birthplace Creve Coeur Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Koch

(b) Address Eureka, Mo.

17. (a) Burial (b) Date thereof March 27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) MAP 28 1944 (b) E. G. McFarren, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1944 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1, 40
July 19, 40 to March 23, 1944
that I last saw h. o. r. alive on MARCH 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis General

Due to Hypertensive heart disease

Other conditions Hypostatic Pneumonia

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy 93d

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) NO

(b) Date of occurrence _____

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 H. B. Edwards (M. D. or other) _____
Address Oak Hill Mo Date signed 3/26/44

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

Harry F. Schrader

Licensed Embalmer No. *2091*

P. O. Address *Ballwin 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, fact should be so stated above.