

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35306
State File No. _____
Registrar's No. **9362**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4522 Gibson Ave.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL" _____)
(d) Street No. **4522 Gibson Ave.**
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William D. Koch**
3. (b) If veteran, name war **None**
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Late Anna M. Koch**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 15 1868**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **30th**
year **1946** hour **4:00** minute _____ P.^{M.}
21. I hereby certify that I attended the deceased from **8/2/46**
to **10/25 1946**
that I last saw him alive on **10/2/46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 2 15 hr. min.

Immediate cause of death
Cerebral thrombosis Duration **1 day**
Due to **Atherosclerosis** **5 yrs**
Due to **Hypertension** **5 yrs**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **82**
Of operations _____
Of autopsy _____

9. Birthplace: **St. Louis Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Harness Maker (Retired)**
11. Industry or business _____
12. Name **Daniel Koch**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mathilda Horneyer**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Otto Koch**
(b) Address **6203 Marquette Ave.**
17. (a) **Burial** (b) Date thereof **11 2 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**
18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**
19. (a) **NOV 1 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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 **James G. Pallian** (M. D. or other) _____
Address **2104 E. Union Bl** Date signed **11/14/46**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *Edwin A. McDerwatt*

Licensed Embalmer No. *3024*

P. O. Address.....

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.