

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28245

State File No. 7288

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>6045 North Point</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De. Paul Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>6045 North Point</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Koch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-16-1949</u>		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 30-1867</u>		
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Worker</u>			11. BIRTHPLACE (State or foreign country) <u>Germany Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Charles Koch</u>		13b. MOTHER'S MAIDEN NAME <u>Elisabeth Kaiser</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Koch-deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR ADDRESS <u>Charles Koch, 6045 North Point</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4-8 hrs.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heart</u>				
22. I hereby certify that I attended the deceased from <u>8-15, 1949</u> to <u>8-16, 1949</u> , that I last saw the deceased alive on <u>8-16, 1949</u> , and that death occurred at <u>7:30 PM</u> on the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. B. Fasutor</u>				23b. ADDRESS <u>Sullivan 284C NW Euclid</u>		23c. DATE SIGNED <u>8/20/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/22 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>AUG 22 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasutor</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan Bros 2849 N. Euclid</u>				

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

W. M. Peters

Signed.....
Student Embalmer

Licensed Embalmer No. *4329*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 2824549

State of Mo.
County of Solano } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7288

On this 2 day of September, 1949, before me appears Charles F. Koch, who, upon his oath, states that the original record of ^{birth} death for Julius K. Koch, died Aug - 16 ~~born~~, 1919, in the State of Missouri, and which was filed at Solano on 8-22, 1949, should be corrected as follows:

Item No. 13 b. should read to Maria C. Kasser

Instead of Elizabeth?

Item No. 17 should read 5009 Genevieve

Instead of 6045 North Pointe

Item No. 11 should read Augusta Mo

Instead of Germany

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Charles F Koch Son Relationship.

5009 Genevieve Solano Mo
Present Address.

Subscribed and sworn to before me this 8th day of October, 1949.

My Commission expires June 7th 1951 Chas B. Kuntore Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

