

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1954

State File No. **20803**  
Registrar's No. **5160**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Good Samaritan Home</b>		d. STREET ADDRESS (If rural, give location) <b>4500 Washington Blvd.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marie</b> b. (Middle) <b>Emma</b> c. (Last) <b>Koch</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 8 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Oct. 24, 1871</b>
9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri,</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Henry W. Koch</b>	
13b. MOTHER'S MAIDEN NAME <b>Louise Farwig</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Olinda Tempelmeyer, 4238a</b>		ADDRESS <b>Warne Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertensive vascular disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>443X</b>		22. I hereby certify that I attended the deceased from <b>June 6</b> , 19 <b>54</b> , to <b>June 8</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>June 7</b> , 19 <b>54</b> , and that death occurred at <b>5:10 pm.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>A. J. Bergman</b>		23b. ADDRESS <b>3720 Washington Blvd.</b>	
23c. DATE SIGNED <b>6/9/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>June 11, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b>	
DATE REC'D BY LOCAL REG. <b>JUN 9 1954</b>		ADDRESS <b>4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Ralph C. Zindens

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4275

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, fact should be so stated above.