

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38940

State File No. ....

FILED NOV 22 1954

10060

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ 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 **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo. Baptist Hospital**

5. STREET ADDRESS (If rural, give location) **6043 Kingsbury ave. 2057**

3. NAME OF DECEASED (Type or Print)  
a. (First) **ROSA** b. (Middle) **MARGARET** c. (Last) **KOCH**

4. DATE OF DEATH (Month) (Day) (Year) **11-3-54**

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **10-8-1868**

9. AGE (In years last birthday) **86** IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife**

10b. KIND OF BUSINESS OR INDUSTRY **at home**

11. BIRTHPLACE (City and State or Foreign Country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Thomas Bretzel**

13b. MOTHER'S MAIDEN NAME **unknown**

14. NAME OF HUSBAND OR WIFE **Henry C. Koch**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Ralph Darby, 6043 Kingsbury ave.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of Stomach**  
ANTECEDENT CAUSES **State**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **State**  
DUE TO (c) **Arteriosclerotic heart disease**  
II. OTHER SIGNIFICANT CONDITIONS **Arteriosclerotic heart disease**  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **6 mos.**  
**5 yrs**

19a. DATE OF OPERATION **none**

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **none**

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) **none**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **151X**

22. I hereby certify that I attended the deceased from **1949** to **Nov 3, 1954**, that I last saw the deceased alive on **Nov 3, 1954**, and that death occurred at **11:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Richard A. Jones M.D.**

23b. ADDRESS **5111 Washington**

23c. DATE SIGNED **5 Nov 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal**

24b. DATE **11-4-54**

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) **Illmo. Mo.**

DATE REC'D BY LOCAL REG. **NOV 6 1954**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Bisplinghoff, Illmo., Mo.**

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.

Student.....  
Signature of Student Embalmer

Signed *Ronald O. Zolnick*

Licensed Embalmer No. *391*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.