Reconstructing the History of Koch Cemetery

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SITE HISTORY AND PROJECT BACKGROUND

- **1865**: Quarantine Station
- **Typhoid fever, yellow fever, cholera, smallpox, etc.**
- **18,000 individuals buried with no records**
- **1910 - 1983**: Koch Hospital
- **To fight tuberculosis, the “White Plague”**
- **Late 1960s**: excavation of skeletal remains from a sinkhole
- **1984**: National Historical Register Nomination

GOALS

- Decomingle and estimate the number of individuals present in the collection
- Use archival records to reconstruct site history and understand patient demographics
- Treatments and conditions
- Racial/ethnic and socioeconomic disparities in healthcare

MATERIALS AND METHODS

**Osteological**

- 6 boxes containing 832 fragments – inventoried and sorted
- Zonation and Landmark Inventory
- Visual and Osteometric Pair-Matching
- Estimating MNI, LI, and MLNI
- Joint and Element Reassociations

**Archival**

- Ancestry LE
- Name, Date of Birth, Date of Death, Country of Birth, Ancestry
- St. Louis Post-Dispatch, St. Louis Globe-Democrat, and St. Louis Star and Times

RESULTS

**Osteological**

- MNI: 17 individuals
- LI: 45.3 individuals
- MLNI: 40
- MLNI: 40 ± 18 individuals (95% confidence interval)
- Osteometric pair-matching, joint articulations, and element reassociations were severely limited by fragmentation

**Archival**

- The conditions at Koch were terrible – understaffed, undersupplied, and overcrowded
- Horse blood-serum, carbolic acid, and occupational therapy
- 550 individuals from Ancestry LE and newspapers
- Sex: 71.5% male, 21.6% female, 6.9% unknown
- Ancestry: 59% white, 29% unknown, 12% black
- Country/Region of Origin Known for 291 individuals: 22% Northern European, 15% North American, 15% Western European, 1% Southern European
- Age at Time of Death Analyses:
  - By sex: Females died 7.4 years younger than males (p = 0.005)
  - By racial/ethnic group: Black individuals died 10.9 years younger than whites (p = 0.0005)
- Newspapers reported higher death rates from tuberculosis amongst black individuals and in low socioeconomic status neighborhoods

DISCUSSION AND CONCLUSIONS

Koch Cemetery demonstrates the disproportionate affects of infectious disease on St. Louis’ most vulnerable populations and the consequences of unequal access to quality healthcare.

- When populations are confronted with high death rates, their burial practices change to accommodate the number of the dead – such as burials in sink holes
- Even today, minorities are less likely to have access to high quality healthcare and more likely to have negative health outcomes
  - Women are also more likely to have negative health outcomes, and are not taken as seriously by healthcare providers
  - White males are prioritized during the allocation of healthcare related resources
- At Koch, this included hospital beds, facilities, treatments, etc.
- Infectious disease outbreaks are often blamed on minority groups

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