

AUG - 5 1937

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

 County.....² Registration District No.....**791**
 Township.....¹ Primary Registration District No.....**1003**
 City.....**St. Louis** (No. **7147 Vermont Avenue**)..... St. Ward)

 File No.....**25489**
 Registered No.....**6663**
 St. Ward)

2. FULL NAME:

Anna M. Yochum
 (a) Residence, No. **7147 Vermont Avenue** St. **1** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Widowed**

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Valentine Yochum**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 4, 1860**
 7. AGE YEARS **76** MONTHS **8** DAYS **6** If LESS than 1 day, hrs. or min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

 12. BIRTHPLACE (CITY OR TOWN) **Luzerne** (STATE OR COUNTRY) **Switzerland**
13. NAME **Ellis**
 14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)
15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

 17. INFORMANT **Walter Yochum** (ADDRESS) **7147 Vermont, St. Louis, Mo.**

 18. BURIAL, CREMATION, OR REMOVAL PLACE **New SS. Peter & Paul** DATE **July 12, 1937**

 19. UNDERTAKER **C. Hoffmeister Und. & Livery Co.** (ADDRESS) **7814 S. Broadway, St. Louis, Mo.**

 20. FILE **JUL 11 1937** **A. Budek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 10, 1937**
 22. I HEREBY CERTIFY That I attended deceased from **March 9 - 1937** to **July 10, 1937**.
 I last saw her alive on **July 10, 1937**. Death is said to have occurred on the date stated above, at **5:00a.m.**

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Degeneration
 Other contributory causes of importance: **Chronic Myocarditis 1932**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

 24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....

 (Signed) **A. Budek**, M. D.
 (Address) **3548 S. Bernard**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Alt. Linn. ...
STATE OF ...
9:00 - 10:00 a.m.
2:00 - 3:30 p.m.
1:00 - 8:30 "