

DEC 12 1938

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

37720
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
 (b) Township..... 1 Primary Registration District No. 791
 (c) City St. Louis (d) Street No. 4033 Oregon 1002 Registered No. 10047
 (If death occurred in Hospital by Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph C Yochum

(a) Residence, No. 4033 Oregon St. 15
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Yochum

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1938 to Nov. 19 1938
 I last saw him alive on Nov. 19 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27 1883

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 54 11 23

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

August 1938
 Carcinoma of stomach

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville Ill.

Other contributory causes of importance:

FATHER 13. NAME Geo. Yochum

Name of operation Abdominal exploration Date of 9/21/38

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

What test confirmed diagnosis? Clinical Was there an autopsy? No

MOTHER 15. MAIDEN NAME Louise Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

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.

17. INFORMANT (ADDRESS) Valentine Yochum 4033 Oregon Ave.

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE Nov. 21 1938

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

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Schumacher 3013 Meramee St.

(Signed) Ralph Thompson, M. D.
 (Address) 3606 Travis

20. FILED NOV 21 1938 J. P. Bredek Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3606 Kilmer St
R 9010 Orange

Michigan State

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

Registered Apprentice No....., working under my personal supervision.

Signed *Clarence Rochow*

Licensed Embalmer No. *3093*

P. O. Address *Box 13 Meramec*

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, above space should be left blank.