DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34206

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8903

NOV 16 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4820 Terrace (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 2 (If outside city or town limits, write "RURAL")

(d) Street No. 4820 Terrace (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME James Yochum

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased September 2nd. 1930 (Month) (Day) (Year)

8. AGE: Years 10 Months 1 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation None 0

11. Industry or business None 7

FATHER
12. Name Philip Yochum
13. Birthplace St. Louis (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Yeckl
15. Birthplace Jungo Slavia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Philip Yochum

(b) Address 4820 Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Henry L Weidenmeller

(b) Address 6820 Gravois Ave.

19. (a) OCT 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th year 1940 hour 8 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 3, 1939, to October 28, 1940 that I last saw him alive on October 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Acute Endocarditis caused	5 day.
Due to by La Grippe	5 day.
Due to Epilepsy	7 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Julius Chr Rotter (M. D. or other) M.D.

Address 2603 Chewkee St Date signed Oct 29 40

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.