

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

111440

SEP 8 1941

State File No. 29312

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1716

1. PLACE OF DEATH:

(a) County. St Louis

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

(c) Name of hospital or institution: St Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community. _____
years, months or days

3. (a) PRINT FULL NAME. EDMOND JOCHENS

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex. M 5. Color or race. W 6. (a) Single, widowed, married, divorced. SO

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased. August 11 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>4</u>	hr. _____ min.

9. Birthplace. Richmond Heights Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Infant

11. Industry or business _____

12. Name. Edmond Jochens

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

14. Maiden name. Ann St. Therman

15. Birthplace. Richwood Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Edmond Jochens

(b) Address. 755 N. Forest

17. (a) _____ (b) Date thereof. 18-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Peter's Burialwood

18. (a) Signature of funeral director. M. J. Carpenter

(b) Aug 16 1941 Missouri

19. (a) _____ (b) _____ (c) _____
(Date received local registrar) (Registrar's signature) (License No.)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. St Louis

(c) City or town. Whe. Grove
(If outside city or town limits, write "RURAL")

(d) Street No. 755 N. Forest
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1941 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from August 13, 1941, to August 14, 1941;
that I last saw him alive on August 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Prematurity

Due to _____

Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations. _____

Of autopsy. _____

Duration _____

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? _____

While at work? _____
(Specify type of place) () Means of injury.

Signature. Colgate (M. D. or other) ()

Address. 16 North Pine Date signed. 8-15-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

F. A. Williamson

Licensed Embalmer No.....

3565

P. O. Address.....

7146 Manchester

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, fact should be so stated above.