

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39522

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2363

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town Rich High
 (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 6 days
 (Specify whether
 In this community _____
 years, months or days) 0

3. (a) PRINT
FULL NAMEJOHN F YOCH

3. (b) If veteran,

name war

None

3. (c) Social Security

No.

None

4. Sex

Male5. Color or
raceWhite6. (a) Single, widowed, married,
divorcedMarried

6. (b) Name of husband or wife

Agnes Jacobek

6. (c) Age of husband or wife if

alive _____ years

48

7. Birth date of deceased

Aug
(Month)11
(Day)1893
(Year)

8. AGE:

Years

Months

Days

If less than one day

48310

hr.

min.

9. Birthplace

Pinckneyville Illinois
(City, town, or county) (State or foreign country)Illinois
(State or foreign country)

10. Usual occupation

Building Material Business

11. Industry or business

12. Name

John F. Yoch

13. Birthplace

Belleville Ill
(City, town, or county) (State or foreign country)Ill
(State or foreign country)

14. Maiden name

Clara Mentel

15. Birthplace

Pinckneyville Ill
(City, town, or county) (State or foreign country)Ill
(State or foreign country)

16. (a) Informant's own signature

Mrs. Agnes Yoch

(b) Address

Belleville Ill

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

11-24-41
(Month) (Day) (Year)

(c) Place: burial or cremation

Greenwood

18. (a) Signature of funeral director

Wright L. Burman

(b) Address

120 N. 1st St. Belleville Ill

19. (a)

NOV 21 1941
(Date received local registrar)S. M. Larson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair
 (c) City or town Belleville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3414 West Main St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 21 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
 year 1941 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6/24/40
 _____, 19____, to 11/21/41, 19____;

that I last saw him alive on 11/21/41, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of liver - primary

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Carcinoma of liver+ bile ducts

Of autopsy _____

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)

Wagon

(e) Means of injury

23. Signature

Warren D. Gantner

(M. D. or other)

Address

607 - N. GrandDate signed 11/21/41

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 with the above constitutes grounds for revocation of license.)

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