S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18551

FILED MAY 16 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4026

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: Frisco Employees Hosp O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 15 17
(d) Street No. 5015 Alexander (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jochum, Edgar

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

4. Sex Male O
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 5 (Day) 1889 (Year)

8. AGE: Years 56 Months 9 Days 28 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Frisco Rail road

FATHER
12. Name William
13. Birthplace St Louis (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name Amanda
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Hosp records
(b) Address 4960 Loclede
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 (Month) 6 (Day) 46 (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 SO. KINGSHIGHWAY
19. (a) MAY 3 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1946 hour 7 minute 53 a.m.

21. I hereby certify that I attended the deceased from March 31, 1946 to May 3, 1946 that I last saw him alive on May 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary heart disease	20 yrs
Due to	
Due to	
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 James C Shy (M. D. or other) MD
Address 4960 Loclede St Louis Date signed 5-7-46

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1947

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 Edwin D Mc Dermott

Licensed Embalmer No. 3024

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, fact should be so stated above.