

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 40903
 Registrar's No. 10713

DEC 12 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2210 S. 12th ST.</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>ST. LOUIS</u>	
		d. STREET ADDRESS (If rural, give location) <u>23 2210 S. 12th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>P.</u> c. (Last) <u>YOCHIM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept. 3 1895</u>
9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>57</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HUNGARY</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHRISTIAN PUB Co</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>FREDERICK YOCHIM</u>		13b. MOTHER'S MAIDEN NAME <u>THERESA FINGERHUT</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNA MARIE YOCHIM</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>ANNA MARIE YOCHIM</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Gangrene, Rt Foot</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21g. ADDRESS <u>4501</u>	
22. I hereby certify that I attended the deceased from <u>May 12, 1952</u> to <u>Nov 20, 1952</u> , that I last saw the deceased alive on <u>Nov 19, 1952</u> , and that death occurred at <u>11:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph P. Carney</u>		23b. ADDRESS <u>906 Olive</u>	
23c. DATE SIGNED <u>11-21-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Nov. 24 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER & PAUL</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Katis</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		ADDRESS <u>2906 Beavois</u>	

G.P. (Licensed Embalmer's Statement on Reverse Side)

James Bell
BA 0198

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James E. Bell

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.