

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
 ORIGINAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006966

ENDED

Registration District No. 162 Primary Registration District No. 5394 Registrar's No. 10 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL-MERAMEC</u>	Length of stay in 1b <u>8 Mos. 24 days</u>	c. CITY OR TOWN <u>Belleveille</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Fine Infirmary</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>St. Elizabeth Home</u>

3. NAME OF DECEASED (Type or print) First <u>J.</u> Middle <u>EDWARD</u> Last <u>Yoch</u>			4. DATE OF DEATH <u>FEBRUARY 3 1960</u> Month Day Year		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/13/1882</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED EXECUTIVE COAL MINING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>	11. BIRTHPLACE (City and state or country) <u>Belleveille, Ill</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>BERNARD Yoch</u>		13b. MOTHER'S MAIDEN NAME <u>AGNES ACKER</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE KARR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>328-03-4218</u>	17. INFORMANT <u>Bro. Roch St. Joseph's Fine Infirmary</u> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC DECOMPENSATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUPLICATE (b) <u>ARTERIOSCLEROSIS GENERALIZES</u>	
	DUPLICATE (c) <u>with Cardiac and Renal involvement.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PSORIASIS</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from Sept 2/1959 to 2/3/1960 and last saw her 1/28/1960  
 Death occurred at 9:00 am 2/3/1960 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Patrick C. Hogan M.D.</u> (Degree or title)		22b. ADDRESS <u>2623 Telegraph Rd, Lemay</u>		22c. DATE SIGNED <u>2/5/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-3-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Mount Catholic</u>	23d. LOCATION (City, town, or county) <u>Belleveille, Illinois</u>	
24. FUNERAL DIRECTOR <u>George M Renner</u> ADDRESS <u>Belleveille, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>2-3-60</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bowen</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 29

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_ **NOT EMBALMED** \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George M. Penn

Licensed Embalmer No. 5051

P. O. Address Belleville, Ill

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.