

REC'D MAY 10 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. 1805 A, Wyoming St.) St. .... Ward) 3364

**2. FULL NAME**

Peter Yochim 259  
 (a) Residence, No. 1805 A Wyoming St. Ward 24  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Yochim  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28 1897  
 7. AGE YEARS 40 MONTHS 3 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Block Fitter  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Spring Co.  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria13. NAME Fred. Yochim14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria15. MAIDEN NAME Theresa Staub16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria17. INFORMANT Anna Yochim  
(ADDRESS) 1805 A Wyoming St.18. BURIAL, CREMATION, OR REMOVAL PLACE New S.S. Peter & Paul April 1219. UNDERTAKER (ADDRESS) 2900 Woodlark Gravois Ave.20. FILED APR 10 1938 J. Friedrich Registrar.**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9th, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1937 to Apr 9, 1938.  
 I saw him alive on April 9, 1938. Death is said to have occurred on the date stated above, at 1:10 AM

The principal cause of death and related causes of importance were as follows:

June 1, 1938  
June 1, 1938

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify Dr. J. Smith, M. D.(Signed) J. Friedrich (Address) 4430 River

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

X-9314

1-4

4730 Landell

Embalmed By

THOS. KUTIS

L.E. 1619

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