

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-023376
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5611**

AMENDED

FILED JUN 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN Afton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5017 Stellamac Dr.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last PHILIP YOCHUM						4. DATE OF DEATH Month Day Year JUNE 14 1961					
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/17/1905		9. AGE (last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min. 10 24 00 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinists helper			10b. KIND OF BUSINESS OR INDUSTRY brewery			11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY. USA			
13a. FATHER'S NAME Philip Yochum				13b. MOTHER'S MAIDEN NAME Anna Bastian				14. NAME OF HUSBAND OR WIFE Mary			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT Address Mary Yochum 5017 Stellamac					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous DUE TO (b) metastatic melanoma DUE TO (c) 1909 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								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 a.m. p.m.		Month, Day, Year									
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 9/8/54 to 6/14/61 and last saw him alive on 6/14/61 Death occurred at 10:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Edward W. Czabinski MD						22b. ADDRESS 3701 Emerald Sq				22c. DATE SIGNED 6/15/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/17/1961		23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery			23d. LOCATION (City, town, or county) St. Louis, Mo.			(State)	
24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois					25. DATE RECD. BY LOCAL REG. JUN 15 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.				

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 _____
Signature of Student Embalmer

Signed *Donald Benz*

Licensed Embalmer No. *4963*

P. O. Address *St. Louis, Mo.*

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.