

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003326
STATE FILE NUMBER
2-10-59

Registration District No. _____ Primary Registration District No. _____
FEB 16 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Jennings 4138	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) 2523 Oepts, 21'	
3. NAME OF DECEASED (Type or print) First Middle Last Harry C. Netzeband		4. DATE OF DEATH Month Day Year Jan. 27 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 29, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Moat Cutter	9. AGE (In years last birthday) 75 yrs
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ferdinand Netzeband		13b. MOTHER'S MAIDEN NAME Anna Hagobach	14. NAME OF HUSBAND OR WIFE Late Lana (Jaspa) Netzeband
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. 488-03-5298A	17. INFORMANT Address Mr. Roy Netzeband, 2523 Oepts, Jennings 21
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute bilateral bronchopneumonia carcinoma of the bladder DUE TO (b) Carcinoma of the bladder DUE TO (c) generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) bilateral pyonephrosis bilateral hydronephrosis, megacolon			INTERVAL BETWEEN ONSET AND DEATH 4-5 days 1952
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.) 7-15-52	20f. CITY, TOWN, OR LOCATION COUNTY STATE 1-27-59 2-26-59
21. I attended the deceased from July 15 1952 to Jan 27 1959 and last saw him alive on Jan 26 1959 Death occurred at 4:30 A. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robt. F. Hickey M.D.		22b. ADDRESS 631 No. Grand	22c. DATE SIGNED 1/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/30/59	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.		25. DATE RECD. BY LOCAL REG. JAN 29 59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ralph C. Leisler*

Licensed Embalmer No. *4575*

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.