

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013035
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **2784**

FILED MAR 26 1962

VS 300
Rev. 4/59

1

2 **20/19**

3

4 **1**

5 **1**

6

7 **0**

8 **2**

9

10

11

12 **90-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 936 BATES ST				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 936 BATES ST.				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BLANCHE A NETRYAL						4. DATE OF DEATH Month Day Year MARCH 10 1962					
5. SEX FEMALE		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 SEPT 13 1902		9. AGE (last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITRESS				10b. KIND OF BUSINESS OR INDUSTRY SPECK CONFECTIONERY		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U-S-A			
13a. FATHER'S NAME HENRY LA BORENZ				13b. MOTHER'S MAIDEN NAME JOSEPHINE MRAZEK				14. NAME OF HUSBAND OR WIFE JOSEPH NETRYAL			
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 JOSEPH NETRYAL 936 BATES ST.					
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA, Rt. Breast with widespread metastases										INTERVAL BETWEEN ONSET AND DEATH 12-13 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastases											
DUE TO (c) 170x											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 July '61 to MAR '62 and last saw him alive on MAR. ? 1962 Death occurred at 11:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) John Charles Doulik, M.D.						22b. ADDRESS 2767 Gravois			22c. DATE SIGNED 3/12/62		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)					
BURIAL		MAR 13 1962		NEW PICKERS CEM		ST. LOUIS MO.					
24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois				25. DATE RECD. BY LOCAL REG. MAR 13 1962		26. REGISTRAR'S SIGNATURE Loed Smith, M.D.					

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr John Binkard Jr.
PR 3-2299

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 Eduardo Province

Licensed Embalmer No. 3403

P. O. Address 2906 gravin

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.