

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

C#2880597 SL#3847

-62-020382
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4814**

FILED MAY 23 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 23 DAYS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3442A MIAMI				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARTIN Middle J. Last FETZNER			4. DATE OF DEATH Month MAY Day 9 Year 1962			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 7/9/88		9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONFECTIONER			
10b. KIND OF BUSINESS OR INDUSTRY IRON MOUNTAIN, MO.				11. BIRTHPLACE (City and state or country) USA				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME MATTHEW FETZNER				13b. MOTHER'S MAIDEN NAME LOUISE O'HERLY				14. NAME OF HUSBAND OR WIFE IDA FETZNER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES				16. SOCIAL SECURITY NO.				17. INFORMANT IDA FETZNER Address SEE 2D			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of ileum DUE TO (b) CONSTRICION OF SUPERIOR MESENTERIC ARTERY DUE TO METASTASES DUE TO (c) FROM RIGHT KIDNEY HYPERNEPHROMA 180x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" type="checkbox"/> NO <input 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.		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 VA				20g. COUNTY		20h. STATE			
21. I attended the deceased from 4/16/62 to 5/9/62 and last saw him alive on 5/9/62		Death occurred at 6:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Willis E. Adams</i> M.D.						22b. ADDRESS VAH, ST. LOUIS, MO.			22c. DATE SIGNED 5/10/62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 14, 1962		23c. NAME OF CEMETERY OR CREMATORY National Cemetery				23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri			
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave.						25. DATE RECD. BY LOCAL REG. MAY 11 1962		26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i>			

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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

Robert J. Krupar

Licensed Embalmer No.

3497

P. O. Address

St. Louis

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.