

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040917
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

1003

Registrar's No.

9769

FILED OCT 19 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY ---</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in 1b 5 wk. 5 days</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY ---</p> <p>c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 3950 Parker Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Mary Middle A. Last Yenicek</p>	
<p>4. DATE OF DEATH Month October Day 11, Year 1962</p>	
<p>5. SEX F</p>	<p>6. COLOR OR RACE W</p>
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 1-8-10</p>
<p>9. AGE (last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Clerk & Credit Mgr.</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY Central Hardware</p>
<p>11. BIRTHPLACE (City and state or country) House Springs, Mo.</p>	
<p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>	
<p>13a. FATHER'S NAME Frank W. Yenicek</p>	
<p>13b. MOTHER'S MAIDEN NAME Emma Stalley</p>	
<p>14. NAME OF HUSBAND OR WIFE Never Married</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no</p>	
<p>16. SOCIAL SECURITY NO. yes</p>	
<p>17. INFORMANT Miss Emma B. Yenicek Address 3950 Parker</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Carcinomatous</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma of ovary</p> <p>DUE TO (c) 175.0</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 28 April 62 to 10-4-62 and last saw her alive on 11 Oct 62</p> <p>Death occurred at 10:45 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) Roymond T. Martin, MD</p>	
<p>22b. ADDRESS 5120 3 Chippewa</p>	
<p>22c. DATE SIGNED 10/2/62</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-car</p>	
<p>23b. DATE 10-15-62</p>	
<p>23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery</p>	
<p>23d. LOCATION (City, town, or county) House Springs, Missouri (State)</p>	
<p>24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY ADDRESS</p>	
<p>25. DATE RECD. BY LOCAL REG. OCT 13 1962</p>	
<p>26. REGISTRAR'S SIGNATURE Head Smith, M.D.</p>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1

2 **2/6**

3

4 **1**

5 **0**

6

7 **0**

8 **2**

9

10

11

12 **73-0**

13

73

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

John J. Penney

Licensed Embalmer No. 41940

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.

Dr. Raymond T. Martin
5203 Chippewa
Fl. 2-6017

2:30