

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029877

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No. 1003

Registrar's No.

8000

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 15 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Mo.

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Edgewater Nurse Home

Inside Limits

Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

Inside Limits

c. CITY OR
TOWN St. LouisYes No d. STREET
ADDRESS 5034 Ray Ave.,

Reside on Farm

Yes No 3. NAME OF DECEASED
(Type or print)First Andrew J. Drotar
Middle

Last

4. DATE
OF
DEATH Aug. 4, 1963
Month Day Year5. SEX
male6. COLOR OR RACE
white7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH

Nov. 1, 1878

9. AGE (last birthday) 84

IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during part of working life, even if retired)
Ret. Lumbergrader

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

Austria

USA

13a. FATHER'S NAME

John Drotar

13b. MOTHER'S MAIDEN NAME

Mary Sutka

14. NAME OF HUSBAND OR WIFE

Mary C. Drotar

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.

489-09-8998

17. INFORMANT

Michael Drotar

St. Louis, Mo.

5034 Ray Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Prostate

INTERVAL BETWEEN
ONSET AND DEATH
18 moConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

177X

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. Yes No Unknown19. WAS AUTOPSY
PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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
NOT WHILE AT WORK 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 June 4, 1963, to Aug. 4, 1963 and last saw him alive on Aug. 3, 1963
Death occurred at 4 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)
Robert Sanders, Jr.22b. ADDRESS 5500 Broadway22c. DATE SIGNED
8-5-6323a. BURIAL, CREMATION,
REMOVAL (Specify)23b. DATE
8-7-63

23c. NAME OF CEMETERY OR CREMATORI

23d. LOCATION (City, town, or county) (State)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Southern Funeral Home
6322 S. Grand, St. Louis, Mo.

AUG 6 1963

Robert 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

David Van Plossen

Licensed Embalmer No. 4242

P. O. Address 52 Locust St.

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.