MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21261

File No. 5817

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3641, Flora Place St. ..... Ward)

2. FULL NAME Henry A. Moder

(a) Residence, No. 3641 Flora Place St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Moder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 30-1856

7. AGE: YEARS 76 | MONTHS 2 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER
13. NAME: Joseph Moder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

MOTHER
15. MAIDEN NAME: Mary Blecha
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

17. INFORMANT (ADDRESS): Anna Moder 3641 Flora Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SS Peter & Paul DATE: June 22, 1932

19. UNDERTAKER (ADDRESS): Thos. Kutis 2906 Gravois Ave

20. FILED: JUN 20 1932 Max C. Harder Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 19, 1932
I last saw him alive on June 19, 1932 Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6-19-32

Other contributory causes of importance:
Myocarditis Chr. Endocarditis Chr. - Coronary sclerosis Hypertrophic cirrhosis Liver — 2-1928

Name of operation: none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury: none, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury: none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jno. C. Lambeck, M. D.
(Address) 2767 Gravois Ave.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

S. NO. 2.