

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.

NOV 4 1936

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

Do not use this space.

39820

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **1715 Geyer Ave**)..... St. .... Ward)

File No. ....  
Registered No. **10889**.....

2. FULL NAME **Joseph H Moder**

(a) Residence, No. **1715 Geyer Ave** St. **23** Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 **Agnes Moder** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 19th 1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**52** **11**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Auto Mechanic**  
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) **St. Louis** (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Henry Moder**

14. BIRTHPLACE (CITY OR TOWN) **Mo** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Anna Chott**

16. BIRTHPLACE (CITY OR TOWN) **Mo** (STATE OR COUNTRY)

17. INFORMANT **Agnes Moder** (ADDRESS) **1715 Geyer Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter & Paul** DATE **Oct 31** 19**36**

19. UNDERTAKER **Thos Kritis** (ADDRESS) **2906 Gravois Ave**

20. FILED **OCT 30 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 29 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Self** 1935 to **Oct 29** 1936

I last saw him alive on **Oct 29** 1936. Death is said to have occurred on the date stated above, at **1:50 P. M.**

The principal cause of death and related causes of importance were as follows:

**Bilateral pulmonary tuberculosis -**  
**with cavitation + hemorrhage** Date of onset **7 yrs ago**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **Wm. J. Walker** Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) **Wm. J. Walker** M. D. (Address) **1240 E. 10th**

