MAR 5-1937

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

Do not use this space.

File No. 8450
Registered No. 1902

1. PLACE OF DEATH
County
Township
City St. Louis (No. De Paul Hospital St. Ward)
Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Peter Modelski
(a) Residence, No. 1442a Chambers St. St., 26 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 Agnes Modelski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 8-1906.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ~~31~~ 30 | 2 | 4 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Famous & Barr Co.
10. Date deceased last worked at this occupation (month and year) Oct. 19-36
11. Total time (years) spent in this occupation 6 yrs.

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

FATHER
13. NAME John Modelski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland.

MOTHER
15. MAIDEN NAME Mary Swinklinski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland.

17. INFORMANT Agnes Modelski
(ADDRESS) 1442a Chambers St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 2-15-37 19

19. UNDERTAKER Central Undertaking Co. Inc.
(ADDRESS) 1841 Cass Ave.

20. FILED FEB 13 1937 19 J. B. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12-37. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937, to Feb 11, 1937
I last saw him alive on Feb 11, 1937. Death is said to have occurred on the date stated above, at 7:45 A. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | ? |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | |
| Chronic Parenchymatous nephritis | ? |

Name of operation Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? no

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? no
If so, specify
(Signed) R. S. McElvain, M. D.
(Address) 4356 Warne

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.

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Dr. Robert McElvain

4356 Warne Ave.

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