

REC'D APR 1 1938

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

Do not stamp this box
8796

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 6726 Arsenal St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 2385

2. PRINT FULL NAME Andrew Modsching 32.5

(a) Residence, No. 6726 Arsenal St. 3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Modsching</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 15, 1878</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>2</u>	DAYS <u>21</u>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Printing</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Merkle Printing</u>	
	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) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>George Modsching</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Fishurg</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Wm. D. James</u> (ADDRESS) <u>6726 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>3/11/38</u>		
19. FUNERAL DIRECTOR <u>Edith E. Ambruster</u> (ADDRESS) <u>4234 Manchester</u>		
20. FILED <u>J. F. Buddeck</u> MAR 10 1938		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1937, to March 8, 1938
I last saw h. in alive on March 8, 1938. Death is said to have occurred on the date stated above, at 4:50 P.M.
The principal cause of death and related causes of importance were as follows:

Multiple carcinomas of spine + ribs metastases

Other contributory causes of importance:
Primary carcinoma Prostate gland

Name of operation Date of
What test confirmed diagnosis? Xray 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 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify JP Hemmerich Sr M. D.
(Signed) 6200 Colver Ave
(Address)

Date of onset
Aug 37

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.

5010-7-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Florenz Eynck Registered Apprentice No. _____
Licensed Embalmer No. 1284

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.)