

REC'D JAN 25 1939

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

44069

Do not use this space.

1. PLACE OF DEATH

(a) County Perry
(b) Township Bois Brule
(c) City 1

Registration District No. 1128
Primary Registration District No. 5879a

Registered No. 10

(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.

2. PRINT FULL NAME Catherine Modde

(a) Residence, No. Belgique, Mo. St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Modde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1859.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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, Missouri. (STATE OR COUNTRY) D

FATHER 13. NAME Jacob Bauwens
14. BIRTHPLACE (CITY OR TOWN) Belgium. (STATE OR COUNTRY) 7

MOTHER 15. MAIDEN NAME Sophia Plaskard,
16. BIRTHPLACE (CITY OR TOWN) Belgium. (STATE OR COUNTRY) 7

17. INFORMANT Leo Modde (ADDRESS) Belgique, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belgique Catholic Cemetery Dec. 26, 1938

19. FUNERAL DIRECTOR (NAME) Bey Funeral Home (ADDRESS) Seymour, Mo.

20. FILED Jan 10 1939 Edmo Elder Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to Dec 22, 1938

I last saw her alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 3:20 P m.

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

Coronary Thrombosis
Dec 18 hrs during attack

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... 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?..... 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) J. H. Bailey, M. D.(Address) Curryville

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

Registered Apprentice No., working under my personal supervision.

Signed

Albert H. Bey

Licensed Embalmer No.

3866

P. O. Address

Berryville, Md

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 this body is not embalmed, above space should be left blank.