

REC'D FEB 10 1939

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

341

Do not use this space.

791  
1003

341

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township St. Louis ..... Primary Registration District No. ....  
(c) City St. Louis ..... (d) Street No. St. John's Hospital ..... 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 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Modest Lorre  
(a) Residence, No. 3858 Cleveland Avenue St. 17 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Lorre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
54 8 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Prepared Poultry Dealer  
9. Industry or business in which work was done, as saw mill, bank, etc. OWN Business  
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) Unknown Belgium

FATHER 13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs. Mildred Harris  
(ADDRESS) 3858 Cleveland Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE January 11, 1939

19. FUNERAL DIRECTOR Wm. J. Robert  
(ADDRESS) 1905 So. Grand Blvd.

20. FILED JAN 10 1939  
J. B. Bricker Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8, 193922. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Jan 8, 1939

I last saw him alive on Jan 8, 1939 Death is said to have occurred on the date stated above, at 8 A. m.

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

Carcinoma of Abdomen Date of onset .....

Other contributory causes of importance:

Metastases in liver and Omentum

Name of operation Autopsy Date of 12-27-39What test confirmed diagnosis: Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .....

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? YesIf so, specify John W. Stewart M. D.(Signed) John W. Stewart M. D.(Address) 1212 E. 12th St.

*W. J. W. Stewart*  
*Business and Social*  
*212-111-1111*

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed *W. J. W. Stewart* .....

Licensed Embalmer No. *502* .....

**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.)**