

FILED MAR 24 1942

Registration District No. **791**

Primary Registration District No. **1002**

Registrar's No. **1931**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3628 Bellerive Bld.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street **3628 Bellerive Bld**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **CHARLES F. MODER.**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widower**

6. (b) Name of husband or wife **Mary Moder** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Aug. 7th 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 **6** **21** hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**
 11. Industry or business **Meat Packer**

MOTHER FATHER
 12. Name **Joseph Moder**
 13. Birthplace **Bohemia**
(City, town, or county) (State or foreign country)
 14. Maiden name **? Blecha**
 15. Birthplace **Bohemia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maria Susek**
 (b) Address **3628 Bellerive Bld.**

17. (a) **Burial** (b) Date thereof **March 3, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S. S. PETER & PAIT, 2906 Bellerive & Son**

18. (a) Signature of funeral director.....
 (b) Address **9906 Grevois Ave**

19. (a) **MAR 2 1942** (b).....
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **28** year **1942** hour **12 25 P** minute **343** M.

21. I hereby certify that I attended the deceased from **November 5, 1942** to **February 28, 1942**
 that I last saw him alive on **February 28, 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia Hypostatica
Labor
 Due to **Chr. myocarditis**
Chr. Endocarditis Mitral
 Due to **Arteric Roughening**
Chr. Interstitial Nephritis 1936
 Other conditions (Include pregnancy within 3 months of death)
 None

Major findings: **none**
 Of operations.....
none
 Of autopsy.....

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **NO**
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work..... (Specify type of place)
 (e) Means of injury **none**
 23. Signature **J. S. Susek** (M. D. or other) **M.D.**
 Address **2767 Grevois Ave** Date signed **3-2-42**

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.....
Leo Buddle, Registered Apprentice No.....
working under my personal supervision.

Signed.....
Leo Buddle
Licensed Embalmer No. *3989*
P. O. Address.....
D. J. Budd, M.D.

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, fact should be so stated above.