

S. No. 2  
DM-243  
v. 5-17-39  
X35697

8050

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 13 1945

818

1003

State File No. \_\_\_\_\_  
Registrar's No. 2858

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
4734 St. Louis ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 606

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4734 St. Louis ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN MODZINSKI

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

3. (c) Social Security No. 498-01-0035

20. DATE OF DEATH: Month March day 28th  
year 1945 hour 2 minute 40 P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Jan 22  
1942, to March 28 1945  
that I last saw him alive on March 26 1945  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Loretta Calvert

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 3-28-1888  
(Month) (Day) (Year)

Immediate cause of death  
Carcinoma of tongue with metastases

8. AGE: 57 Years 0 Months 0 Days  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
H/O

9. Birthplace Poland  
(City, town, or county) (State or foreign country)

Major findings: Biopsy 1-30-42

10. Usual occupation Painter

Of operations \_\_\_\_\_

11. Industry or business City Sanitarium.

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

12. Name Frank Modzinski

13. Birthplace Poland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Malinowski

15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Loretta Modzinski

(b) Address 4734 St. Louis ave.

17. (a) Burial (b) Date thereof 4-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

22. If death was due to external causes, fill in the following:

(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) (Means of injury)

18. (a) Signature of funeral director Sullivan Bro's

(b) Address 2849 N Euclid ave

19. (a) MAR 29 1945 (b) J. F. Bredak  
(Date received local registrar) (Registrar's signature)

23. Signature George A. Carroll (M. D. or other) \_\_\_\_\_  
Address 607 N. Grand Date signed 3/29/45

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

**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

*Robert L. Brinkman*

Licensed Embalmer No. 3553

P. O. Address.....

**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.**