

No. 3906  
1-10-47  
5-17-39  
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MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35701**  
Registrar's No. **1214**

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED NOV 22 1948**  
Registration District No. **42**  
Primary Registration District No. **1000**

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

**1. PLACE OF DEATH:**  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1130 Krug Park Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution not (Specify whether  
In this community 46 years. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Augusta Modeer  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Otto Modeer  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased November 26, 1865  
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 15  
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Modeer  
(b) Address 1130 Krug Park Place, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Nov. 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aghland Cemetery

18. (a) Signature of funeral director Statter Meierhoffer  
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 11-16-48 (b) G. L. Jenkins  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1130 Krug Park Place  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month November day 11th  
year 1948 hour 4 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Sept. 22  
1948 to Nov. 11, 1948;  
that I last saw her alive on Nov. 11, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 mo.  
Due to Arteriosclerosis, general 5 yrs.  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 940  
Of autopsy  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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) (e) Means of injury 0

23. Signature H. C. Case (M. D. or other)  
Address 706 Francis Date signed 11-12-48

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**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, ~~only~~.....

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

Signed Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri

P. O. Address..... St. Joseph, Mo.

**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.**