

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28477  
State File No. 6864

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>ST LOUIS</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>ST LOUIS 22<sup>nd</sup></u>               |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS<br><u>2710 a Blair</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>2710 a Blair avenue</u>                   |  |   |  |

|  |                                  |  |   |  |   |
|--|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Joseph</u> b. (Middle) <u>John</u> c. (Last) <u>Modelsky</u> |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug. 10. 1950</u> |  |   |
| 5. SEX<br><u>male</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u> | 8. DATE OF BIRTH<br><u>Jan. 28, 1900</u>                      | 9. AGE (In years last birthday)<br><u>50</u>               | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Crane operator</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Foundry</u>                      |   | 11. BIRTHPLACE (State or foreign country)<br><u>Poland</u> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>4</u>   |                                  |  |   |  |   |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>John Modelsky</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>not known</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Tina Modelsky</u> |  |
|--|--|---|--|---|--|

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.<br><u>489-07-3778</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Tina Modelsky 2710 a Blair ave</u> |  |
|--|--|---|--|--|--|

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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><u>Terminal Pneumonia; Fr 1st Lumbar &amp; 12th dors al Vertebra</u>                         |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><u>Graspiness of tongue; following a fall from the catwalk while working at the kiln steel ed Lums Laundry 625 Carre Ave around 1:30 pm Oct 21 1949</u> |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Accident</u> |  | 20. AUTOPSY<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Accident</u>  |  | 20. AUTOPSY<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 21a. ACCIDENT (Specify)<br><u>Accident</u>                               |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Laundry</u> |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>St Louis Mo.</u> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>Oct 21 49 3:30</u> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>     |  | 21f. HOW DID INJURY OCCUR?<br><u>EGD</u>                               |  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

|   |  |  |  |                                   |  |
|---|--|--|--|-----------------------------------|--|
| 23a. SIGNATURE<br><u>Walter Perry Deputy Coroner</u>          |  | (Degree or title)  |  | 23b. ADDRESS<br><u>1300 Clark</u> |  |
| 23c. DATE SIGNED<br><u>8/12/50</u>                            |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>             |  | 24b. DATE<br><u>Aug. 4, 1950</u>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u> |  |                                   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>AUG 12 1950</u> |  | REGISTRAR'S SIGNATURE<br><u>J. B. Pasater</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>A. Krou Hall. Co. 2707 N. Grand St</u> |  |
|--|--|---|--|---|--|

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

21134 TC

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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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Gustav W. Duitel*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.