

XC-7 965 498

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25759

REG# 155 AUG 9 1951

State File No. _____

BIRTH NO. 8-9-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2769

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON BARRACKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MADISON</u>	
c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1301 MADISON AVENUE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOSEPH</u>		b. (Middle) <u>*****</u>		c. (Last) <u>MODRIC</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 25 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>DECEMBER 8, 1910</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>40</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARTENDER</u>			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (State or foreign country) <u>MADISON, ILLINOIS</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>ISADORE MODRIC</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SPARANEK</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>YES WW II</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS JEFFERSON BRKS, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA - LOBAR</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DELERIUM TREMENS</u>				<u>4 DAYS</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----	
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22. I hereby certify that I attended the deceased from JULY 23 19 51, to JULY 25, 19 51, that I was the attending physician, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Stilwell</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>VETS. ADM. HOSP. JEFF BRKS, MO</u>		23c. DATE SIGNED <u>7-25-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 27, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS MO.</u>	
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DATE REC'D BY LOCAL REG. <u>7-26-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Donahue</u>		FUNERAL DIRECTOR'S SIGNATURE <u>L. Sedlack</u>		ADDRESS <u>Madison</u>	
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(Licensed Embalmers' Signatures on Reverse Side)

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

See.

AUG 21 1952
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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 *John T. Sedlack*
Licensed Embalmer No. *3747*
P. O. Address *Madison, Ill.*

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.