V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1953

State File No. 12041

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2953

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo
c. LENGTH OF STAY (In this place) 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. ANTHONY'S HOSPITAL 17

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2179
d. STREET ADDRESS (If rural, give location) 3860 CLEVELAND

3. NAME OF DECEASED (Type or Print) a. (First) AGNES b. (Middle) M. c. (Last) MODER

4. DATE OF DEATH (Month) (Day) (Year) MAR. 16 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW
8. DATE OF BIRTH OCT 31 1887
9. AGE (In years last birthday) 65 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLEANING LADY
10b. KIND OF BUSINESS OR INDUSTRY BAILEY DAIRY
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME JOHN SLAMA
13b. MOTHER'S MAIDEN NAME MARY TOUZINSKY
14. NAME OF HUSBAND ~~OR WIFE~~ JOSEPH MODER (DEC'D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 494-32-3018
17. INFORMANT'S SIGNATURE OR NAME AGNES HROMADKA ADDRESS 4510 SHENANDOAH

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) breaking loose of a femoral vein thrombus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of colon

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 3-11-53
19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon
20. AUTOPSY? YES ☒ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 153X

22. I hereby certify that I attended the deceased from 3-11, 1953, to 3-16, 1953, that I last saw the deceased alive on 3-16, 1953, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Don Loenel MD (Degree or title)
23b. ADDRESS 6349 N. Grand St. L.
23c. DATE SIGNED 3-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAR 19 1953
24c. NAME OF CEMETERY OR CREMATORY S.S. PETER + PAUL
24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo

DATE REC'D BY LOCAL REG. MAR 18 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis 2906 ADDRESS Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 Leo J. Budde

Licensed Embalmer No. 3989

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.