

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20186

State File No.

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1359

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| 1. PLACE OF DEATH a. CITY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY OR TOWN <u>KIRKWOOD</u> | | c. CITY OR TOWN <u>KIRKWOOD</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>5 YR</u> | | e. STREET ADDRESS (If rural, give location) <u>830 SIMMONS</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>830 SIMMONS</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTON</u> b. (Middle) <u>-</u> c. (Last) <u>MODRAY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 14 53</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>6-9-1884</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANUFACTURER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SINK TOPS</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>HUNGARY</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |

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| 13a. FATHER'S NAME <u>ANTON MODRAY</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN-SCHNELL</u> | 14. NAME OF HUSBAND OR WIFE <u>LIZZIE MODRAY</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>LIZZIE-MODRAY</u> | ADDRESS <u>830 SIMMONS</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>4200</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 4-3-1952 to 11-18-52, that I last saw the deceased alive on 11-18-52, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>C. C. Drace, M.D.</u> (Degree or title) | 23b. ADDRESS <u>19 E. Lockwood, Webster Groves 19, Mo.</u> | 23c. DATE SIGNED <u>5-14-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>5-16-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET-BURIAL-PARK</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> |
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| DATE REC'D BY LOCAL REG. <u>5-15-53</u> | REGISTRAR'S SIGNATURE <u>Herkert R. Domb</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. SMITH</u> | ADDRESS <u>MAPLEWOOD - MO</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4003

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.....
Signature of Student Embalmer

Signed..... *H. P. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maple*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.