

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38639**
Registrar's No. **10649**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10649 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY Madison | | | |
| b. CITY OR TOWN ST LOUIS MISSOURI | | c. LENGTH OF STAY (in this place) 14 DAYS | | c. CITY OR TOWN Alton | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) 821 E. 5th St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LAVERN | | | b. (Middle) THEBESA | | c. (Last) MODES | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1955 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 25, 1899 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois, | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME David Ruddy | | | 13b. MOTHER'S MAIDEN NAME Ida Yackel | | 14. NAME OF HUSBAND OR WIFE Harry Modes | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. Nil. | | 17. INFORMANT'S SIGNATURE OR NAME Harry Modes, 821 E. 5th St. | | | |
| 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 Alton, Ill. | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, multiple pulmonary infarction | | | | DUE TO (b) Carcinoma, left breast with generalized metatases | | | 5 days |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) | | | 15 mos. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION 11/25/55 | | 19b. MAJOR FINDINGS OF OPERATION metastatic inflammatory carcinoma of the left breast | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 170X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from NOV. 19, 1955 , to DEC. 3, 1955 , that I last saw the deceased alive on DEC 3, 1955 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) FR Bradley M.D. | | | | 23b. ADDRESS BARNES HOSPITAL | | 23c. DATE SIGNED 12/4/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12-4-55 | | 24c. NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery | | 24d. LOCATION (City, town, or county) (State) Godfrey, Illinois, | |
| DATE REC'D BY LOCAL REG. DEC 5 1955 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington, | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John S. Leunehy*
Licensed Embalmer No. *41*

P. O. Address *St. Louis*

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.