

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43563**
11768
Registrar's No.BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2318 Madison			d. STREET ADDRESS (If rural, give location) 2070 2318 Madison		
3. NAME OF DECEASED (Type or Print)		a. (First) Francesco	b. (Middle) Frank	c. (Last) Modica	4. DATE (Month) (Day) (Year) OF DEATH Dec. 20, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 24, 1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work considering most of working life, even if retired) pipe fitter	10b. KIND OF BUSINESS OR INDUSTRY Gas Co.	11. BIRTHPLACE (City and State or Foreign Country) 6 Mazzara Italy		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Giovanni Modica		13b. MOTHER'S MAIDEN NAME Giovannina Ferrantino		14. NAME OF HUSBAND OR WIFE Vita Modica	
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. 492-03-9402	17. INFORMANT'S SIGNATURE OR NAME ADDRESS White Modica 2318 Madison			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) APPLEXY Cerebral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH Sudden 5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. 260x				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHOLE 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 10:50 on 11/24 , 19 56 , and that death occurred at 5:12 m., from the causes and on the date stated above.					
23a. SIGNATURE Dr. Michael M. D.		23b. ADDRESS 512 Olive		23c. DATE SIGNED 12/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE D c. 24, 1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. DEC 24 1956	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miceli 1150 No. Kingshighway			

(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 Elmo R Sadwell

Licensed Embalmer No. 4097

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.