

Health, Welfare Public Service

300 1-56

0 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33892

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER Registrar's No. 8568

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS 170</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u> Length of stay in 1b <u>15</u>		d. STREET ADDRESS (If outside, give location) <u>3329 MICHIGAN</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>JOSEPH J. MODER JR.</u> First Middle Last			4. DATE OF DEATH <u>SEPT 10 1957</u> Month Day Year		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>APRIL 5 1886</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR IF UNDER 24 HRS	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>RETIRED SHIPPING CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>JOSEPH MODER</u>		14. MOTHER'S MAIDEN NAME <u>ANNA MULAC</u>	

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. <u>494-03-2930</u>		17. INFORMANT Address <u>ELIZABETH MODER 3329 MICHIGAN</u>	
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>death myocardial infarct,</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>20</u> <u>5+ yrs</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>420.0</u>					

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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21. I attended the deceased from 8-20-57 to 9-10-57 and last saw her alive on 9-10-57
Death occurred at 11-17 7-10-57 on the date stated above; and to the best of my knowledge, from the causes stated.

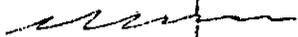
22a. SIGNATURE (Degree or title) <u>W W Farley M.D.</u>		22b. ADDRESS <u>3108 S. Grand</u>		22c. DATE SIGNED <u>9-12-57</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>SEPT. 13 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER & PAUL</u>	
24. FUNERAL DIRECTOR <u>Thomas Ruth 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 13 57</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	

(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 
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 439

P. O. Address 2906 St. ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.