

pt. Health,
ec., & Welfare
S. Public
alth Service

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42367
STATE FILE NUMBER
11183
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b		d. STREET ADDRESS 2304 N. 18th St. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last LEON NMN Modzelewski			4. DATE OF DEATH Month Day Year NOVEMBER 21, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-25-1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe		11. BIRTHPLACE (City and state or country) Poland	
10c. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Frank Modzelewski		13b. MOTHER'S MAIDEN NAME Valeria Mroczkowski	
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. 498-01-4049		17. INFORMANT Address John Modzelewski 4038 N. 25th S t.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADRENAL HEMORRHAGE DUE TO (b) ACUTE ENTERITIS WITH SEPTICEMIA DUE TO (c) ULCERATIVE ILEITIS (TYPE ?) 572.2					INTERVAL BETWEEN ONSET AND DEATH 10-12 HRS. 10-15 HRS. 4 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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	
21. I attended the deceased from NOV 16, 1957 to NOV. 21, 1957 and last saw her alive on NOV. 21, 1957 Death occurred at 12.15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. P. Vanillion, M.D.			22b. ADDRESS Barnes Hosp.		22c. DATE SIGNED 11/21/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-25-57	23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or country) (State) St. Louis Mo.
24. FUNERAL DIRECTOR St. Louis Funeral Home 2205 St. Louis Ave		25. DATE RECD. BY LOCAL REG. NOV 22 57		26. REGISTRAR'S SIGNATURE Carl Smith Mo	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

IA FORM 257165

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 J. Harris*

Licensed Embalmer No. *4108*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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