

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38829

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 789

Township Central

Primary Registration District No. 6023B

City (No. St. Louis County)

St. Louis County

File No. \_\_\_\_\_

Registered No. 332

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Frank Modica

(a) Residence, No. 5046 Pattison Ave.  
(Usual place of abode)

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laborer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 28 -1908</u>		
7. AGE YEARS <u>22</u>	MONTHS <u>10</u>	DAYS <u>16</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laborer</u>
	10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Caslatermini Italy

13. NAME Ignasio Modica

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Caslatermini Italy

15. MAIDEN NAME Carmela Tobus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Italy

17. INFORMANT Sam Cannella

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peter & Paul DATE Nov 16 1931

19. UNDERTAKER Paul Culcaterra

(ADDRESS) 5142 28th St

20. FILED 11/15 1931 Greta C. M. D. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Homicide by person or persons unknown  
19.3  
11/13/31  
11/14/31  
31

Other contributory causes of importance:

(1) Fractured skull due to crushing and gunshot wound of left shoulder  
(2) Physical injury

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide

Where did injury occur? St. Louis County

Specify whether injury occurred in industry, in home, or in public place.

Public place

Manner of injury Homicide

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_

(Signed) Sam O'Connell, M. D.

(Address) St. Louis County

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 26 1931

