

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

2281

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4734a St. Louis Avenue /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Bernice Modzinski

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Modzinski

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September
(Month)

3 1891
(Day) (Year)

8. AGE:

Years 49

Months 6

Days 7

If less than one day

hr. min.

9. Birthplace Wilmington

(City, town, or county)

Delaware

(State or foreign country)

10. Usual occupation Sewing Machine Operator

11. Industry or business _____

12. Name Walter Siniaka

13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Maryanna Radawa
(City, town, or county) (State or foreign country)

15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bernice Modzinski

(b) Address 4734a St. Louis Avenue

17. (a) Burial (b) Date thereof March 13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director General Funeral Home

(b) Address 2233 University Street

19. (a) MAR 12 1941 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2006
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4734a St. Louis Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
 year 1941 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 9, 1940, to March 10, 1941!
 that I last saw her alive on 2-14-41, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death

glomerular nephritis
chronic

Duration

6 mos

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

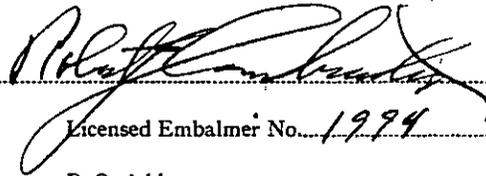
While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Les A. Mullis (M. D. or other) _____
 Address 2739 N. Grand Date signed 3-12-41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....


Licensed Embalmer No. 1994

P. O. Address.....

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 this body is not embalmed, above space should be left blank.