

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2903**
Registrar's No. **783**

FILED FEB 3 1947

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**

(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
EN ROUTE ST. ANTHONY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8** (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **15**

(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **5122 PENNSYLVANIA**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **KATHLEEN MODER**

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 **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **SEPT. 10 1946**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **22**
year **1947** hour **9** minute **30 P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
4	12		hr. _____ min. _____

Immediate cause of death _____
Congenital Heart Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **15 1/2**

9. Birthplace **ST. LOUIS MO. U**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **JOSEPH MODER**

13. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

14. Maiden name **HELEN FREIHOUT**

15. Birthplace **ST. LOUIS MO U**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **JOSEPH MODER**

(b) Address **5122 PENNSYLVANIA**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **1/25/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **NEW ST. PETER'S CHURCH**

18. (a) Signature of funeral director **Wesley Kuttig, son**

(b) Address **2906 Kansas**

19. (a) **JAN 27 1947** (Date received local registration) **J. F. Bredeh** (Registrar's signature)

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)

(a) Means of injury **3**

23. Signature of **Patricia E. Taylor** (Date signed) **1-23-47**

Address **1300 Clark** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Leo J. Budd

Licensed Embalmer No. *3989*

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