

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21673

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1350

400080

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Koch, Mo.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>                                     |  |
| c. LENGTH OF STAY (In this place) <b>34 days</b>  |  | d. STREET ADDRESS (If rural, give location) <b>1416 Monroe</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Robert Koch Hospital</b>                           |  |   |  |

|   |                               |   |  |  |  |
|---|-------------------------------|---|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Theodore</b> b. (Middle) <b>Stanley</b> c. (Last) <b>Moderacki</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>June 7 1954</b> |  |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>May 2 1881</b>                       | 9. AGE (In years less birthday) <b>73</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chipper</b>              |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Iron Foundry</b>                 |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |                               |   |  |  |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <b>Vincenti Moderecki</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>(?) Pertronella</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Mary Brusek</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <b>489-05-7284</b>       |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Records Koch Hospital, Koch, Mo.</b> ADDRESS _____ |  |

|   |  |  |  |  |  |                                  |
|---|--|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  |  | MEDICAL CERTIFICATION  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Reticulum Cell Sarcoma, Lymph Node</b>  |  |  | ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> |  |  | <b>3 mos.</b>                    |
| II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <b>Pulmonary Tuberculosis</b>  |  |  |  |  |  | <b>(?)</b>                       |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION <b>3-31-54</b>           |  | 19b. MAJOR FINDINGS OF OPERATION <b>Biopsy rt. supraclavicular node; Ret. Cell Sarcoma</b>             |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)      |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR  |  |

22. I hereby certify that I attended the deceased from 5-4-, 1954, to 6-7-, 1954, that I last saw the deceased alive on 6-6-54, 1954 and that death occurred at 1--a m., from the causes and on the date stated above.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 23a. SIGNATURE <b>H. A. Harris</b> (Degree or title) <b>M.D.</b> |  | 23b. ADDRESS <b>Robert Koch Hosp. Koch, Mo</b> |  | 23c. DATE SIGNED <b>6-7-54</b>                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>          |  | 24b. DATE <b>June 10-54</b>                    |  | 24c. NAME OF CEMETERY OR CREMATORY <b>St Peter's Cemetery</b>     |  |
|  |  |  |  | 24d. LOCATION (City, town, or county) (State) <b>St Louis, Mo</b> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <b>6/9/54</b> |  | REGISTRAR'S SIGNATURE <b>Robert B. ...</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Central Funeral Home</b> ADDRESS <b>1841 Cass</b> |  |
|--|--|--|--|---|--|

NOV 9 1954

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 .....

Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. *3749*

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.