

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030299

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7146**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 19 1963

|                     |              |
|---------------------|--------------|
| VS 300<br>Rev. 4/59 | DATE AMENDED |
| 1                   |              |
| 2 <i>8/20/63</i>    |              |
| 3                   |              |
| 4 <i>1</i>          |              |
| 5 <i>2</i>          |              |
| 6                   |              |
| 7 <i>1</i>          |              |
| 8 <i>1</i>          |              |
| 9                   |              |
| 10                  |              |
| 11                  |              |
| 12 <i>64-0</i>      |              |
| 13                  |              |
| <i>64</i>           |              |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY **St. Louis**  
b. CITY (If outside corporate limits, give TOWNSHIP only) **St. Louis** Length of stay in 1b **17 Days**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jewish** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Illinois** b. COUNTY **St. Clair**  
c. CITY OR TOWN **E. St. Louis** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **704 N. 61st Street** Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **MOLLIE** Middle **CATHERINE** Last **MODE**  
4. DATE OF DEATH Month **July** Day **8** Year **1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **9-5-1899** 9. AGE (last birthday) **63**  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **Evansville, Ind.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Oliver Dennis** 13b. MOTHER'S MAIDEN NAME **Mary Skinner** 14. NAME OF HUSBAND OR WIFE **Frederick Mode (Deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Illinois Mrs. Harry Reeves, 527 N. 35th, E. St. Louis**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Tracheal-pulmonary obstruction from cancer** INTERVAL BETWEEN ONSET AND DEATH **2 days**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Epidermoid Carcinoma Bladder** **Weeks?**  
DUE TO (c) **1810**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour **6:07** Month, Day, Year **July 8, 1963** a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **6/11/63** to **July 8, 1963** and last saw her alive on **July 8, 1963** Death occurred at **6:07 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Harry C. Miller M.D.** 22b. ADDRESS **4511 Frances & Oak** 22c. DATE SIGNED **7/7/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-11-63** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Hope Cemetery** 23d. LOCATION (City, town, or county) (State) **Belleville Illinois**

24. FUNERAL DIRECTOR ADDRESS **C. G. Kurrus, Jr., E. St. Louis, Ill** 25. DATE RECD. BY LOCAL REG. **JUL 9 1963** 26. REGISTRAR'S SIGNATURE **Loan Smith. M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

dir Harry ~~Smith~~  
4511 Forest Ave  
707-6468

Not Embalmed

**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 Harold J. Jenson  
Ch. Jenson Jr By JKT

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Ill

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.