

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8709  
Registrar's No. 2119

Registration District No. 791

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:  
St. Anthony's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME Miss. Viola DeCuir

8. (b) If veteran, name war no 8. (c) Social Security No. none

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 Unkown 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 40 hr. min.

9. Birthplace Louisia  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business \_\_\_\_\_

12. Name ? DeCuir

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

14. Maiden name Unkown

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

16. (a) Informant's own signature Sister Clement

(b) Address 7626 Natural Bridge Rd.

17. (a) Burial (b) Date thereof Mar 7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) MAP 6 4041 (b) J. F. Bredebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7626 Natural Bridge  
Convent of Immaculate Heart  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1941 hour 3:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb. 14  
\_\_\_\_\_, 1941, to March 5, 1941;  
that I last saw her alive on March 4, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Metastasis to Lungs  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bredebeck (M. D. or other) M.D.

Address 3507 Chippewa St Date signed 3-5-41  
St. Anthony's Hospital

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.

Rev. 5-17-39  
I 11031

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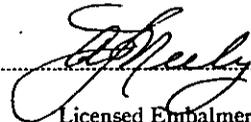
**STATEMENT BY LICENSED EMBALMER**

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. 3225

P. O. Address 1125 Hammond Ave

**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.**