S. No. 2
—1-4-41
. 5-17-39
°I X26390

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33234
8189

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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:
3947 Greer Avenue, 1
(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)

2. USUAL RESIDENCE OF DECEASED: 000 17 7 10

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3947 Greer
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TILLIE A. VICTOR

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widow 7

6. (b) Name of husband or wife Joe O Victor

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

7. Birth date of deceased August (Month) 8 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
72	2	5	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 50

10. Usual occupation at home

11. Industry or business at home

MOTHER FATHER

12. Name Christian Seher

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name Catherine Dessemer

15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Mrs. E. C. Rehage
(b) Address 3947 Greer Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director A. Kron & U. Co.
(b) Address 2707 N. Grand Blv'd.

19. (a) OCT 15 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1941 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from May 2 1941 to Oct 13 1941
that I last saw her alive on Oct 13 1941
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Metastasis of Both Lungs

Due to

Due to

Other conditions Carcinoma of Left Breast
(Include pregnancy within 3 months of death)

Major findings
Of operations Carcinoma operation June 10 1941
Of autopsy No

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) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No Injury (Specify type of place)
While at work? (e) Means of injury none

23. Signature Dr. M. F. Hartmann (M. D. or other)
Address 2239 N. Grand Date signed 10/14/41

(Licensed Embalmer's Statement on Reverse Side)

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 Paul F. Knocklein

Licensed Embalmer No. 2631

P. O. Address 2207 N Lincoln

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.