

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8854

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2411**

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:
City Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Months**
In this community **Life.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MINNIE DECHERT**
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife. **Fred. Dechert** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. **Jan. 10 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 **2** **2** ..hr. min.

9. Birthplace **St Louis** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **At Home.**

MOTHER FATHER

12. Name **Frank Kurrus**

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

14. Maiden name **Lizzie Stucke** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Anna Kurrus**

(b) Address **3713 Sullivan Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **March 15/44** (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Shordutis & Son**

(b) Address **2906 Gravois Ave.**

19. (a) **13 10** (Date received local registry) (b) **J.F. Bedeak** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **5338 Enright** (If rural, give location) **912**
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12** year **1944** hour **5 11 A.M.** minute **12** M.
21. I hereby certify that I attended the deceased from **Nov. 11th** 19**44** to **March 12th** 19**44**
that I last saw h...er alive on **March 12th** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Breast with metastases**
Due to **50**
Other conditions (Include pregnancy within 3 months of death) **50**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: Of operations **Carcinoma of Breast with spinal cord metastases**
Of autopsy **50**

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
23. Signature **J.L. England** (M. D. or other) **3/13/44**
Address **1515 Lafayette** Date signed

844 (Licensed Embalmer's Statement on Reverse Side)

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

City Hosp.

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 Aard Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Harris

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.