FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31461

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8082

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

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: 3970 Dover Pl.
(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:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3970 Dover Pl.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Viola G. Steppan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ernest L. Steppan

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

7. Birth date of deceased Jan 25. 1897
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John C. Goodyear
13. Birthplace Chicago, Ill.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Koch
15. Birthplace Chicago, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Margie Steppan
(b) Address 3970 Dover Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Ave.

19. (a) SEP 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day ~~14~~ 13 year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from March, 1947, to Sept. 13, 1949 that I last saw her alive on Mond. Sept 13, 1949 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Breast RT	July 1946
c̄ Axillary Metastasis RT.	Mar 1947
Due to Pulmonary Metastasis Bilat	Aug 1948
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Breast RT c̄ Axillary Metastasis RT

Of autopsy

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)

(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)

While at work? (e) Means of injury

23. Signature Elmer G. Grant (M. D. or other) M.D.

Address 2838 So Grand Blvd. Date signed 9/14/48

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 1 194

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 Gustav W Dutile

Licensed Embalmer No. 4329

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.