

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047435

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3391 STATE FILE NUMBER

**FILED DEC 18 1961**

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>AFFTON</u>		c. CITY OR TOWN <u>AFFTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8615 VIRGIL</u>		d. STREET ADDRESS (If outside, give location) <u>8907 VALCOUR</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LUCILLE VIDOT</u>		4. DATE OF DEATH Month Day Year <u>NOV. 29 1961</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 17 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garment Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MO.</u>
13a. FATHER'S NAME <u>RICHARD HAMMER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GERHARDT</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES VIDOT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>CHARLES VIDOT 8615 VIRGIL</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA OF THE R. BREAST WITH WIDESPREAD METASTASES.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>approx. 1 yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NONE</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>Sept 25, 1961</u> to <u>11-15-61</u> and last saw <sup>her</sup> him alive on <u>11-15-61</u> Death occurred at <u>7:30A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John Charles Deubek Jr MD</u>		22b. ADDRESS <u>2767 Gravois</u>	22c. DATE SIGNED <u>12-1-61</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 1 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL CHURCHYARD</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>THOMAS KUTIS 2906 GRAVOIS</u>		25. DATE RECD. BY LOCAL REG. <u>11-30-61</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>

1-3 *Prud'homme*

**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 *Amur e alill*

Licensed Embalmer No. 4347  
P. O. Address 2906 Dr

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.