

No. 2  
5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19251

FILED JUN 13 1947

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5494**

1. PLACE OF DEATH:

(a) County **ST LOUIS MO**  
(b) City or town **ST LOUIS MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3643 DETONTY ST. /**  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution **94 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **ST LOUIS MO**  
(c) City or town **ST LOUIS MO**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3643 DETONTY ST 9**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **VICTORINE POURPELY**  
(b) If veteran, name war **NO**  
(c) Social Security No. **NO**

4. Sex **FEMALE**  
5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOW**  
6. (b) Name of husband or wife **AMBROSE DECEASED**  
6. (c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **JAN 17 1853**  
(Month) (Day) (Year)

8. AGE: Years **94** Months **4** Days **13** If less than one day hr. **—** min. **0**

9. Birthplace **ST LOUIS MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **SELF**

12. Name **FRANCIS POURPELY**  
13. Birthplace **FRANCE**  
(City, town, or county) (State or foreign country)

14. Maiden name **ELISE BREASU**  
15. Birthplace **FRANCE**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. ROY CONNINGHAM**  
(b) Address **3643 DETONTY ST**

17. (a) **BURIAL** (Burial, cremation, or removal)  
(b) Date thereof **JUNE 9 1947** (Month) (Day) (Year)  
(c) Place: burial or cremation **MOUNT OLIVE CEMETERY**

18. (a) Signature of funeral director **J. F. BRADY**  
(b) Address **1619 S Grand Bl**

19. (a) **HIN 3** (Date received local residence)  
(b) **J. F. Brady** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30**  
year **1947** hour **11** minute **P.M.**  
21. I hereby certify that I attended the deceased from **10-4** 19 **47** to **5-30** 19 **47**  
that I last saw her alive on **5-30** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardium chronic**  
Due to **50**  
Due to **Carcinoma Breast**  
Other conditions **Carcinoma Breast**  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration  
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? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Philip Schuck** (M. D. or other)  
Address **1702 Grand** Date signed **5-31-47**

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

100

---

---

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 Gas A. Howard

Licensed Embalmer No. 4139

P. O. Address 4912 ST Louis 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, fact should be so stated above.**