

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38915

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

File No.

Registered No. **11582**

St. Ward)

2. FULL NAME

(a) Residence. No. **City Hosp.** St. **23** Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 27 1877*

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day,hrs. ormin. |
|----------------|--------|------|--|
| <i>abt. 77</i> | | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *teacher*
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

10. NAME OF FATHER

Wm. H. Decker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER

Nov. 27 1877

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

14. INFORMANT

(Address) *St. Louis, City Hospital*

15. FILED

NOV 28 1928
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 27 1928*

17. I HEREBY CERTIFY, That I attended deceased from *June 19 1925*, to *Nov 27 1928* that I last saw him alive on *Nov 27 1928* and that death occurred, on the date stated above, at *St. Louis*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Chronic Myocarditis
 General Arteriosclerosis
 Chronic Nephritis*
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did an operation precede death? *No* DATE OF.....

Was there an autopsy? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical*

(Signed) *Edward Welby*, M. D.
11/27 1928 (Address) *City Hospital*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Matthews *11-28-1928*

20. UNDERTAKER

ADDRESS

Proov's *8710 N. Grand*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Belger.