

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

Do not use this space.

3066

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 810 Russell Ave)

File No.....
Registered No. 555
St. Ward)

2. FULL NAME

(a) Residence, No. 810 Russell Ave, 23 Ward. (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26 - 1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 20
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(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) Detroit Michigan

10. NAME OF FATHER Andrew Decker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Andrew Stahl
(Address) 810 Russell Ave

15. FILED JAN 17 1930 Max C. Stankov REGISTRAR

IV MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15 1920
17. I HEREBY CERTIFY, That Frances deceased from Jan 14 1920, to Jan 15 1920 that I last saw her alive on Jan 15 1920, and that death occurred, on the date stated above, at 2:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute myo-carditis
2 1/2 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) atherosclerosis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Chas. Schreyer, M. D.
Jan 15, 1920 (Address) 2105 So. Broadway

*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 Old St. Marcus DATE OF BURIAL Jan. 18 1920

20. UNDERTAKER Wacker-Hedecole ADDRESS 2331 B King

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.

