

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D MAY 10 1938

13353
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 1003
 (b) Township 1 Primary Registration District No.
 (c) City ST. LOUIS MO (d) Street No. JOSEPHINE HOSPITAL Registered No. 3957
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

INFANT DECKER, 260
 (a) Residence, No. JOSEPHINE HOSPITAL St. 17 (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) STILLBORN

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 27-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. STILLBORN
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME MALDEN DECKER

14. BIRTHPLACE (CITY OR TOWN) ILLINOIS (STATE OR COUNTRY) ILLINOIS

MOTHER 15. MAIDEN NAME PEARL TEMPELTON

16. BIRTHPLACE (CITY OR TOWN) MISSOURI (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) MALDEN DECKER
3201A EADS AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS DATE APRIL 28 1938

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schuur
3125 Lafayette av.

20. FILED APR 28 1938 J. P. Bredich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/38 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 10:20 p m.
 The principal cause of death and related causes of importance were as follows:

Still Born Date of onset 4/27/38
Premature membrane
Separation during delivery
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Walter H. Wolfe M. D.
 (Signed) Walter H. Wolfe (Address) 1700^a Tower Drive

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.

STATEMENT BY LICENSED EMBALMER

I, Joseph Kollmer Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____ Registered Apprentice No. 4014
working under my personal supervision.

Signed

Joseph Kollmer
Licensed Embalmer No. 4014

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.)