No. 2
-1-4-41
-17-3
X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26582

Registration District No. 791

FILED SEP 17 1941

Primary Registration District No. 1003

Registrar's No. 6374

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

1. PLACE OF DEATH:

(a) County

(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: 3814 Parnell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, Mo. 209
(If outside city or town limits, write "RURAL")

(d) Street No. 3814 Parnell
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Decker

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced W idowed 2

6. (b) Name of husband or wife Alice Decker

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April 7, 1870 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	3	25	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Fred Decker
13. Birthplace ..... (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Lucy Frances
15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Roy Ruyle
(b) Address Minneapolis, Minn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Edith C. Ambrusta
(b) Address 4234 Manchester

19. (a) AUG - 4 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1941 hour 11.45P, M minute ..... M.

21. I hereby certify that I attended the deceased from Dec 11-41, 19..., to Aug 2 - 41, 19...;
that I last saw him alive on Aug 2 - 41, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrum 7 Lesion — Duration 7 yrs

Due to

Due to

Other conditions Aortic - Jaundice
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury

23. Signature [signature] (M. D. or other) 0
Address 3831 Market Blvd. Date signed 8/4/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1284

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.