

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
758 Clara, Ave.,  
(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 5 100  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 758 Clara, Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Deck.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Deck 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 28, 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation President, Decks Restaurant, Inc.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Christian Deck

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Deck

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Raymond Cox

(b) Address 758 Clara Ave.

17. (a) Burial (b) Date thereof Feb. 11, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.

19. (a) FEB 9 10 (b) J. F. Prodeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th  
year 1942 hour 11:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him alive on 2/5/42 and that death occurred on the date and hour stated above.

Immediate cause of death retard-sclerotic heart dis. Duration 15 min.

Due to retard-sclerotic heart dis. Duration 15 min.

Due to \_\_\_\_\_

Abandonment (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_

23. Signature Arthur E. Strauss (M. D. or other) MD  
Address 539 N. Grand Date signed 2/9/42

Dr. C. E. Murray  
Humboldt Body  
J E 6525  
1:30 - 4 P. M.

**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 Clarine A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

**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.**