

S. No. 2
M-9441
v. 5-17-41
X29484

25781

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7364**

SEP 10 1942
Registration District No. **318**

Primary Registration District No. _____

00
17
9

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: **Josephine Hospital**
(If not in hospital or institution, write street number or location)

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

In this community **60 years**

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **17**

(c) City or town **St. Louis,** **915**
(If outside city or town limits, write "RURAL")

(d) Street No. **4648 S. Compton Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Deck**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **Wht.**

6. (a) Single, widowed, married, divorced **2** **Widower**

6. (b) Name of husband or wife **Lucille Deck**

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

7. Birth date of deceased **Unknown about 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	about 76	Unknown		hr. _____ min. _____

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

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Deck**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth?**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Taylor**

(b) Address **4648 S. Compton ave.**

17. (a) **Burial** (b) Date thereof **9/3/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

18. (a) Signature of funeral director **W. G. Mozall**

(b) Address **1926 Allen Ave.**

19. (a) **SEP 2 1942** (b) **J. F. Briden**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **31** day **Aug.**
year **1942** hour **7** minute **40** **PM**

21. I hereby certify that I attended the deceased from **May 21**
19 **42** to **Aug 31** 19 **42**
that I last saw him alive on **Aug 31** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Prostate; Gattre metastatic**

Due to _____

Due to **51**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Cancer of Prostate**

Of operations _____

Of autopsy **not made**

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? _____

While at work _____ (Specify type of place)

(i) Means of injury _____

23. Signature **Dr. Johnson** (M. D. or other) **MD**
Address **3115 P. Grand** Date signed **9/3/42**

(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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. B. Moyall

Licensed Embalmer No. 1467

P. O. Address 1926 Allen

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.