No. 2
1—2-43
5-17-39
I X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 232

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 474

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 WEEKS (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 (If outside city or town limits, write "RURAL") 17

(d) Street No. 3438 Russell Blvd. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Miss Carrie Decie

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May. (Month) 22nd (Day) 1876 (Year)

8. AGE: Years 67 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business Ames School

FATHER
12. Name Frank W Decie
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Nieggeman
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Marie Decie (Sister)

(b) Address 3438 Russell Blvd

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 17th 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wm J Robert Lt. N.C.

(b) Address 1905 S Grand Blvd

19. (a) JAN 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th year 1944 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Oct 9, 1943, to Jan 15, 1944 that I last saw her alive on Jan 15, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tumor of Brain (Right temporal region)	1 mo.
Due to type not yet determined Non-malignant	
Due to	
Other conditions (Include pregnancy within 3 months of death) 56	

Major findings:
Of operations
Of autopsy Yes. - Tumor of Brain

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 Walter C. G. Kirchner (M. D. or other)

Address 508 N. Grand Blvd. Date signed 1/16/44

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

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 Howard R. Rowland

Licensed Embalmer No. 3114

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.