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MAR 6 '47

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6169

State File No.

FILED MAR 14 1947

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 2224

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Alexian Bros. Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois. (b) County 999

(c) City or town Woodriver 11
(If outside city or town limits, write "RURAL")

(d) Street No. 6 S. 6th. St NR 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Joseph T. Decker

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 17th, (Day) 1896. (Year)

8. AGE: Years 50 | Months 9 | Days 14 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Proprietor Tavern.

FATHER
12. Name Louis Decker 0
13. Birthplace Saint Louis, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Annie Bailey
15. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Wm. Decker
(b) Address 3649 A. Humphrey St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5, 1947. (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.

19. (a) MAR 4 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st, year 1947. hour minute 5:00P. M.

21. I hereby certify that I attended the deceased from Feb 21 0, 1947, to Mar 1, 1947; that I last saw him alive on 3/1/47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia - Rt. Upper Lobe	7 days +
Due to Consitive Organism not found.	
Due to	
Other conditions Paralytic Ileus (Include pregnancy within 3 months of death)	3 days

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) no
(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 0

23. Signature R Amezera Md (M. D. or [redacted])
Address 539 N. GRAND Date signed 3/5/47

(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 Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address .....

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.