

S. No. 2  
—12-45  
5-17-39  
X47070

FILED MAR 24 1947  
318

State File No. \_\_\_\_\_  
Registrar's No. 2760

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
3549 Louisiana ✓  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68-0-22 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3549 Louisiana  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Decker

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 22 1879  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1947 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan. 9th, 1946 March 14th, 1947 that I last saw him alive on March 13th, 1947 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>0</u>	<u>22</u>	hr. min.

Immediate cause of death Cancer (Carcinoma) of Liver Duration 1 yr.

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

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

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

10. Usual occupation Stationary Engineer

11. Industry or business Falstaff Brewery

12. Name John Decker

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

14. Maiden name Frances Jehle

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

16. (a) Informant Anna Decker  
(b) Address 3549 Louisiana

17. (a) Burial (b) Date thereof 3-17-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Schumacher Und. Co.  
(b) Address 3013 Meramec

19. (a) MAR 15 1947 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no

Of autopsy no

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature R. N. A. Walters (M. D. or other) \_\_\_\_\_  
Address 3608 S. Grand Blvd. Date signed 3/14/47

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**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 Francis Williamson

Licensed Embalmer No. 3565

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.**