

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18742
State File No. _____
Registrar's No. 5413

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Park Lane Hospital
(d) Length of stay: In hospital or institution 25 days
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 9264 Coral Dr.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Warren Elmer Decker
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 6, 1947

8. AGE: Years 0 Months 0 Days 25
If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
12. Name Elmer A Decker
13. Birthplace St. Louis Missouri
14. Maiden name Elsie M Rietsche
15. Birthplace St. Louis Missouri

16. (a) Informant Elmer A Decker
(b) Address 9264 Coral Dr.

17. (a) Burial (b) Date thereof 6-2-47
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) JUN 2 (b) J. P. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31st
year 1947 hour 9 minute 45 a.M.
21. I hereby certify that I attended the deceased from 5/20/47
to 5/31/47
that I last saw him alive on 5/20/47
and that death occurred on the date and hour stated above.

Immediate cause of death Premature infant
Due to _____
Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature _____ (M. D. or other)
Address 2700 Washington
Date signed 6/1/47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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 *W. G. Peterson*
Licensed Embalmer No. *3767*
P. O. Address *7027 Gravois*

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.