

FILED AUG 8 1947
318

Registration District No. 318

Primary Registration District No. 1000

Registrar's No. 7085

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

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

(d) Street No. 919 W. Green 0
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Dora Decker

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1947 hour 3:00 minute P M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Herbert P. Decker

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased. May 10 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 7, 1947
19 July to July 29 19 47
that I last saw her alive on July 29 19 47
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>19</u>	hr. / min.

Immediate cause of death Shock, Surgical 5 hrs

Due to Cystectomy + hysterectomy
intra-venous

9. Birthplace Mascoutah Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to Carcinoma of Bladder 1 yr
Urinary

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Own

12. Name William D. Donner

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

14. Maiden name Catherine Schlischer

15. Birthplace Mascoutah Illinois
(City, town, or county) (State or foreign country)

Major findings: Carcinoma of Bladder - Urinary

Of operations

Of autopsy

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

16. (a) Informant Herbert P. Decker
(b) Address Mascoutah Illinois

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?.....

17. (a) Removal (Burial, cremation, or removal) Mascoutah, Ill. (City, town, or county) (State or foreign country) (Date) (Day) (Year)

(c) Place: burial or cremation St. Charles City Cemetery

18. (a) Signature of funeral director Emmet J. Wallace
(b) Address Mascoutah Illinois

19. (a) JUL 31 1947 J. F. Bredesch
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) ()
() Means of injury

23. Signature Wm. F. Melick (M. D. or)
Address 614 McTheater Bldg Date signed 7/29/47

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.....

Not Embalmed.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ernest G. L. Noel

Licensed Embalmer No.....

4578

P. O. Address..... *Mascoutah, Illinois*

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.