V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1947

THE STA[redacted] OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36503

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 2324

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 901 N. Woodlawn Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Kirkwood 22 (If outside city or town limits, write "RURAL") 4

(d) Street No. 901 N. Woodlawn Ave (If rural, give location) 3

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

If yes, name country

3. (a) PRINT FULL NAME Fred Decker

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Mathilda Decker

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 7 (Month) 1 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
58	4	9	hr. min.

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

10. Usual occupation Florist

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mathilda Decker

(b) Address 901 N. Woodlawn Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-13-47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard Cem.

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address Webster Groves, 19, Mo.

19. (a) 11-13-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 1947 hour about 5 minute 05 p M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death carbon monoxide poisoning, suffered while working on his automobile in his garage

Due to

Due to 178C

Other conditions 14 (Include pregnancy within 3 months of death)

Major findings:
Of operations

XXXXXXX

Duration

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) Accident 125

(b) Date of occurrence November 10, 1947.

(c) Where did injury occur? Kirkwood, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In garage (Specify type of place)

While at work? (e) Means of injury Carbon monoxide poisoning

23. Signature Arnold J. Willmann (M. D. or other) Coroner

Address Clayton, Mo. Date signed 11/12/47

(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 Ernest H Spellars

Licensed Embalmer No. 4080

P. O. Address 3836 Botanical Ave

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.