No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39574

Registrar's No. 11132

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4715 Hammett Pl.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4751 Hammett Pl.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Ann Decker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased November (Month) 9 (Day) 1838 (Year)

8. AGE: Years 109 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Nichol
13. Birthplace Wheeling (City, town, or county) W. Virginia (State or foreign country)

MOTHER
14. Maiden name Jane Stewart
15. Birthplace (City, town, or county) W. Virginia (State or foreign country)

16. (a) Informant Mrs. Hattie Pribble
(b) Address 4751 Hammett Pl.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville, Ill.

18. (a) Signature of funeral director Shanklin Funeral Home
(b) Address 4700 Cuba, Missouri. blvd

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1947 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 9th 1942, to Dec. 3rd 1947;
that I last saw her alive on Dec. 3rd. 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	3 days
Due to Arterio-Sclerosis	20 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edwin J. Pinkert (M. D. or other) M.D.

Address 3635 No. Newstead Ave. Date signed 12/4/47

Jefferson City Printing Co. (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 W. Spillers

Licensed Embalmer No. 4080

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.