S. 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 JAN 9 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42953

Registrar's No. 12020

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: 5838 Westminster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1-00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5838 Westminster 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 5
If yes, name country

3. (a) PRINT FULL NAME Della Biddle Decker
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife James Harvey Decker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 1 - 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	3.	0.	hr. min.

9. Birthplace Mount Carmel (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name George D. Young
13. Birthplace Mt. Carmel (City, town, or county) Illinois (State or foreign country) 1
MOTHER 14. Maiden name Sarah Kavanaugh
15. Birthplace Mt. Garmel (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant Mrs E.W.Dralle
(b) Address 5838 Westminster
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd
19. (a) DEC 31 1947 (Date received by registrar) (b) J T Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 15th, 1947, to Dec 30th, 1947, that I last saw he alive on Dec 30th, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	3 years
Due to:	
Due to:	
Other conditions: Arterio Sclerosis (Include pregnancy within 3 months of death)	10 years

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 Rush Turner (M. D. ~~or other~~)
Address 1251 Blackstone Date signed DEC 31-1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Rush Turner.
#1251 Blackstone.
MO. #1230.

STATEMENT BY LICENSED EMBALMER

I hereby certify that ~~the body whose name~~ NOT Embalmed is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.