S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17513

FILED JUN 1 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4458

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: Mo. Baptist Hosp
(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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5248 Chippewa St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARENCE G. DECKER
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Elsie
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May (Month) 26 (Day) 1878 (Year)

8. AGE: Years 69 Months 11 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Salesman
11. Industry or business Kearns Bros.

MOTHER FATHER
12. Name Unknown Decker
13. Birthplace Pacific (City, town, or county) Mo. (State or foreign country) 0
14. Maiden name Unknown
15. Birthplace Pacific (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Elsie Decker
(b) Address 5248 Chippewa St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAY 12 1948 (Date received local registrar) (b) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1948 hour Abt. 12 minute Noon M.

21. I hereby certify that I attended the deceased from 2-2-41, 19..., to 5-11-48, 19...; that I last saw h... alive on 5-11-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	Day
Due to: Cardiac decompensation	6 Month
Due to: Rheumatic Heart Disease	10 years
Other conditions (Include pregnancy within 3 months of death)	

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 R. Ruhling (M. D. or other)
Address 5102 Chippewa Date signed 5-12-48

R. RUHLING.

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.