

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16840

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St James</u>		c. LENGTH OF STAY (in this place) <u>30 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St James MO</u>		3
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St James MO</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia ANN</u> b. (Middle) <u>Decker</u> c. (Last) <u>Decker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-28-49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec 18, 1869</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Phelps Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Simon Towell</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Knuss</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Decker 4132 Laffitt St St Louis MO</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
- ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary sclerosis</u> DUE TO (c) <u>Senility</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St James Phelps MO</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>4-27, 1949</u> to <u>4-27, 1949</u> that I last saw the deceased alive on <u>4-27, 1949</u> and that death occurred at <u>3 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. E. Feind M.D.</u>			23b. ADDRESS <u>Phelps MO</u>		23c. DATE SIGNED <u>5-11-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakeview Park St Louis MO</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>5-19-49</u> <u>Cara C. Birmingham</u>		25. EMERALD DIRECTOR'S SIGNATURE <u>DE Lie Kleber</u>		ADDRESS <u>St James MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed _____

5/23/49

MAY 24 1949

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 _____

Student Embalmer No. 312

working under my personal supervision.

Student Carl J. Glenn
Student Embalmer

Signed

Orel E. LaBlair

Licensed Embalmer No. 3546

P. O. Address 98 Juniper

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.