

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2459
State File No.
682
Registrar's No.

BIRTH NO. 9351-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST Louis</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> <u>2179</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>17 3015 Eads</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Deckard</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Feb 21-50</u>
9. AGE (to years last birthday) <u>10 2 1/2</u>	IF UNDER 1 YEAR Months <u>10</u> Days	IF UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (State or foreign country) <u>Alton, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>me</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>=</u>	12. CITIZEN OF WHAT COUNTRY? <u>usa</u>
13a. FATHER'S NAME <u>Henry Deckard</u>		13b. MOTHER'S MAIDEN NAME <u>Goldie Cannon</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Deckard 3015 Eads</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute bronchitis, asthmatic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>2400</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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>1/18</u> , 1951, to <u>1/19</u> , 1951, that I last saw the deceased alive on <u>1/18</u> , 1951, and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Wentzel m.d.</u> (Degree or title)		23b. ADDRESS <u>2722.6 Chautau</u>	23c. DATE SIGNED <u>1/22, 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Alton</u>	24d. LOCATION (City, town, or county) (State) <u>Alton Mo</u>
DATE REC'D BY LOCAL REG. <u>JAN 23 1951</u>	REGISTRAR'S SIGNATURE <u>J. R. Wentzel</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc.</u> <u>2401 Manchester Ave. ST. LOUIS 18, MO</u>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Howard G. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis 10 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.