

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 44116

No. 300  
10-48

XC 1 652 379  
REG# 107050

BIRTH/DEATH DATE: DEC 30 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3264

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ST. LOUIS</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>JERSEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (in this place) <u>13 DAYS</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE #1</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MARSHEL</u> b. (Middle) <u>ALVIN</u> c. (Last) <u>DECK</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12-20-52</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>DIVORCED 3</u>	<b>8. DATE OF BIRTH</b> <u>3-25-1893</u>
<b>9. AGE</b> (In years last birthday) <u>59</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>FARMING</u>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>BLOOMFIELD, MISSOURI</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>WILEY DECK</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>CLARISSA F. STULL</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>DIVORCED</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-I</u>		<b>16. SOCIAL SECURITY NO.</b> <u>UNKNOWN</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EMPHYSEMA, PULMONARY.</u>		DUE TO (b) <u>BRONCHITIS, CHRONIC, ASTHMATIC TYPE</u>		<u>??YEARS</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>5020</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSIVE HEART DISEASE</u>				<u>??YEARS.</u>	

<b>19a. DATE OF OPERATION</b> <u>NONE</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>VA</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from 12-7-52, 19, to 12-20-52 and that death occurred at 7:00A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>MELTON H. LINCOFF</u> (degree or title) <u>M.D.</u>		<b>23b. ADDRESS</b> <u>VET ADM HOSP, JEFF BRKS, MO.</u>		<b>23c. DATE SIGNED</b> <u>12-20-52</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Dec. 23, 1952</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Upper Alton Cemetery</u>	
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Alton Illinois</u>			

<b>DATE REC'D BY LOCAL REG.</b> <u>12-22-52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Donohue MD</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Robert H. Steeper</u>	
				<b>ADDRESS</b> <u>Alton, Ill.</u>	

520 (Licensed Embalmer's Statement on Reverse Side)

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

**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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.