

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44788

State File No. \_\_\_\_\_

No. 300  
10-48

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11894

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>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) <u>15 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
3. NAME OF DECEASED a. (First) <u>Albert</u> (Type or Print)		c. (Last) <u>DECKER</u>	
b. (Middle) <u>W.</u>		4. DATE OF DEATH (Month) <u>Dec</u> (Year) <u>1952</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 1, 1893</u>
9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>7</u>	11. DAYS <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Oil Co.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dale, Indiana.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>John Decker</u>		13b. MOTHER'S MAIDEN NAME <u>Alvina Tishendorph</u>	
14. NAME OF HUSBAND OR WIFE <u>Ann Decker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ann Decker</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular thrombosis - repeated</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.	
19a. DRESS 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>332X</u>		22. I hereby certify that I attended the deceased from <u>December 8, 1952, to December 24, 1952</u> , that I last saw the deceased alive on <u>December 24, 1952</u> , and that death occurred at <u>1:55 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Ann Higgins, M.D.</u>		23b. ADDRESS <u>1515 Lafayette Ave.</u>	
23c. DATE SIGNED <u>12-26-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>DEC 26 1952</u> <u>J. Carl Smith M.D.</u>		ADDRESS <u>3840 Lindell</u>	

E.P., (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3563

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri  
City of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 44788  
Local Registrar's No. 11894

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th. day of January, 1953, before me appears  
Arthur J. Donnelly, who, upon his oath, states that the original record of ~~birth~~ death  
for Albert W. Decker, died December 24th., 1952, in the State of  
Missouri, and which was filed at St. Louis on 26th., 1952, should be corrected as follows:

Item No. Four should read December 24th., 1952

Instead of December 8th., 1952.

Item No. Eight should read May 1, 1893

Instead of May 1, 1892

Item No. Nine should read 59 yrs. 7 Mon. 23 days

Instead of 60 yrs. 7 mon, 23 days

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant.

Arthur J. Donnelly, Jun. Sr.  
Relationship \_\_\_\_\_  
3840 Lindell Blvd.  
Present Address.

Subscribed and sworn to before me this 8th. day of January, 1953

My Commission Expires November 12, 1954  
My Commission expires \_\_\_\_\_

John E. Corrigan  
Notary Public.  
St. Louis, Mo.

