

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3359**

FILED FEB 9 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **545** Registrar's No. **146**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD	
c. LENGTH OF STAY (in this place) 5 YR		d. STREET ADDRESS (If rural, give location) 7276 SARAH	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7276 SARAH		d. STREET ADDRESS 7276 SARAH	

3. NAME OF DECEASED (Type or Print) a. (First) JENNIE b. (Middle) - c. (Last) DECKER			4. DATE OF DEATH (Month) (Day) (Year) JAN 19 55		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG-9-1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5 Days 10	IF UNDER 24 HRS. Hours 10 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	11. BIRTHPLACE (State or foreign country) ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JACOB-HERMAN-YOUNG	13b. MOTHER'S MAIDEN NAME AMANDA-REEVES	14. NAME OF HUSBAND OR WIFE HARVEY-DECKER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. WORK.	17. INFORMANT'S SIGNATURE OR NAME HARVEY-DECKER-1106-BLUE-GRASS-DR.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 39 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Dec 16, 1954**, to **Jan 19, 1955**, that I last saw the deceased alive on **Jan 18, 1955**, and that death occurred at **12:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vincent J Townsend MD	23b. ADDRESS 3101^a Sutton Ave Maplewood 1776	23c. DATE SIGNED 1-19-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1-21-55	24c. NAME OF CEMETERY OR CREMATORY BARKLEY-CEMETERY	24d. LOCATION (City, town, or county) (State) NEW-LONDON MO
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DATE REC'D BY LOCAL REG. 1/20/55	REGISTRAR'S SIGNATURE Hebeal R. Smith	25. FUNERAL DIRECTOR'S SIGNATURE HAY B. SMITH	ADDRESS MAPLEWOOD MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.