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

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13007**

BIRTH NO. _____ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon	c. LENGTH OF STAY (in this place) 1 yr.	c. CITY OR TOWN Saint Charles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Roeper Nursing Home		e. STREET ADDRESS (If rural, give location) 1102 Clay	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) C. c. (Last) Decker			4. DATE OF DEATH (Month) (Day) (Year) April 16, 1955		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 20, 1858	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months 0 Days 26	IF UNDER 11 HRS. Hours 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 own	11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Francis X. Kremer	13b. MOTHER'S MAIDEN NAME Wilhelmina Beoker	14. NAME OF HUSBAND OR WIFE Frank Decker	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Decker, Saint Charles, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Arteriosclerosis				
	DUE TO (c) Senility				
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., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331 X	
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?	

22. I hereby certify that I attended the deceased from January, 1954, to April 16, 1955, that I last saw the deceased alive on April 16, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Harold A. Mangold</i>	(Degree or title) Dr. O'Fallon, Mo.	23b. ADDRESS	23c. DATE SIGNED April 18, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Saint John's Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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DATE REC'D BY LOCAL REG. April 18 1955	REGISTRAR'S SIGNATURE <i>E.A. Keithley</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H.C. Dalloway</i>	ADDRESS Saint Charles, Mo.
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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, Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Frank R. [Signature]*.....

Licensed Embalmer No..... 48

P. O. Address *St. Ch...*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**