

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20624

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

FILED JUL 7 - 1955

BIRTH NO. 38628-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1387

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Htd.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>2632 Rutger</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GLENDA</b> b. (Middle) c. (Last) <b>DECKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>May 30, 1955</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Day IF UNDER 1 MIN. Hours Min. <b>19</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>CLIFFORD DECKER</b>		13b. MOTHER'S MAIDEN NAME <b>MARIE SPARKS</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clifford Decker, 2632 Rutger, St. Louis, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumococcal meningitis</b>		DUE TO (b) <b>Bilateral otitis media and pneumonia</b>			?
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <b>3912</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		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) m.		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 June 18, 1955, to June 19, 1955, that I last saw the deceased alive on June 19, 1955, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James P. King, M.D.</b>		23b. ADDRESS <b>1325 S. Grand Ave. St. Louis</b>		23c. DATE SIGNED <b>19 June 55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>June 19, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>IMBODEN</b>	
		24d. LOCATION (City, town, or county) (State) <b>IMBODEN, ARKANSAS</b>			

DATE REC'D BY LOCAL REG. <b>6/19/55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Missouri</b>	
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(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 James R. Chapman

Licensed Embalmer No. 4550

P. O. Address 2301 Lafayette Ave

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.