

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43040

STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2861

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Mehlville</u>		c. CITY OR TOWN <u>Mehlville</u> <u>4000</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Von Talge Road</u>		d. STREET ADDRESS (If outside, give location) <u>Von Talge Road</u>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Christian</u> Last <u>Decker Sr.</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>16,</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 4, 1864</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis County, Mo.</u>
13a. FATHER'S NAME <u>Charles Decker</u>		13b. MOTHER'S MAIDEN NAME <u>(Unk.) Deister</u>	14. NAME OF HUSBAND OR WIFE <u>Paulina</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Edna Idecker Rt. 14, Box 1450 Affton, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar Pneumonia</u> DUE TO (b) <u>Influenzia</u> DUE TO (c) <u>Old age.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>3 weeks.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20f. CITY, TOWN, OR LOCATION COUNTY <u>3</u> STATE _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>Oct. 20, 57</u> to <u>Nov. 15, 57</u> and last saw ^{her} alive on <u>Nov. 15, 1957</u> Death occurred at <u>At home</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Hollis R. Rhombauer D.O.</u>		22b. ADDRESS <u>654 N. Kirkwood Rd.</u> <u>Kirkwood 22, Mo.</u>	
22c. DATE SIGNED <u>11/16/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 19, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY. <u>St. John Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mehlville, Mo.</u>
24. FUNERAL DIRECTOR <u>C. Hofmeister Mortuaries</u> <u>7814 So. Broadway St. Louis, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-17-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Rombeck</u>

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 *Linus C. Hoffmann*

Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broad*

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.