

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023234

STATE FILE NUMBER

6510

JUL 14 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3838 Juanita		d. STREET ADDRESS (If outside, give location) 3838 Juanita St.	
3. NAME OF DECEASED (Type or print) First Middle Last ADAM J. DECKERT		4. DATE OF DEATH Month Day Year June 27, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 29, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery-Self		10b. KIND OF BUSINESS OR INDUSTRY Grocery Retd	11. BIRTHPLACE (City and state or country) Centerville, Ill.
13a. FATHER'S NAME Joseph Deckert		13b. MOTHER'S MAIDEN NAME Barbara Reuterma	
14. NAME OF HUSBAND OR WIFE Theresa A. Deckert		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Theresa A. Deckert-3838 Juanita St.	
18. CAUSE OF DEATH (Enter only one cause per line) for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio sclerotic Heart Disease</i> DUE TO (c) <i>Generalized Arterio sclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			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.) <i>420.0</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <i>3:00 P.</i>		and last saw him alive on <i>5/21/58</i>	
22a. SIGNATURE <i>C. J. Deckert M.D.</i>		22b. ADDRESS <i>5203 Chippewa</i>	
22c. DATE SIGNED <i>6/28/58</i>		23a. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>	
23b. DATE <i>June 30, 1958</i>		23c. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>	
24. FUNERAL DIRECTOR <i>Kriegshauser-4228 S. Kingshighway</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 30 '58</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith Jr.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

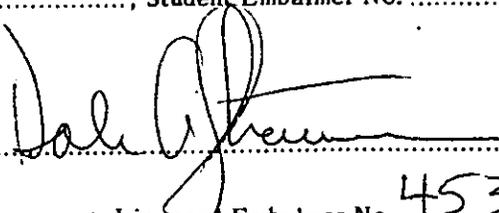
All diseases in Part I must be causally related. No symptoms will be listed.

60/
6057

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 
Licensed Embalmer No. 4533

P. O. Address.....

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.