

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030305
STATE FILE NUMBER 8270

FILED SEP 8 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>FIRMIN DESLOGE</i>		d. STREET ADDRESS (If outside, give location) <i>3658 West Pine Blvd.</i>	

3. NAME OF DECEASED (Type or print) First <i>Capt. Dorcy</i> Middle <i>L.</i> Last <i>Decker</i>			4. DATE OF DEATH Month <i>8</i> Day <i>24</i> Year <i>58</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 22, 1883</i>		9. AGE (In years last birthday) <i>75</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Army Captain</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Buckland, Ohio</i>	
10c. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Bertram Decker</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Perkins</i>	

14. NAME OF HUSBAND OR WIFE <i>Mrs. Alice Decker</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date(s) of service) <i>Yes World War #1</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mrs. Alice Decker, 3658 West Pine Blvd.</i>	
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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>Severe cachexia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>10 mos.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Carcinoma of stomach and</i>		
	DUE TO (c) <i>Emphysema</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>151X</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.			

20d. INJURY OCCURRED WHILE AT WORK <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.) <i>8-22-58</i>	20f. CITY, TOWN, OR LOCATION <i>B-24-58</i>	COUNTY	STATE
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21. I attended the deceased from *22 Aug 58* to *24 Aug 58* and last saw him alive on *24 Aug 58*
Death occurred at *24 Aug 58 7:45 A.M.* in the care stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John T. Dolan</i>	(Deputy title) <i>M.D.</i>	22b. ADDRESS <i>Firmin Desloge Hosp</i>	22c. DATE SIGNED <i>25 Aug 58</i>
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23a. BURIAL, CREMATION, or other disposition (Specify) <i>BURIAL</i>	23b. DATE <i>Aug. 27, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Jefferson Barracks, Mo.</i>
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24. FUNERAL DIRECTOR <i>Arthur J. Donnelly</i>	ADDRESS <i>3840 Lindell Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>110 26 58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, MD</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

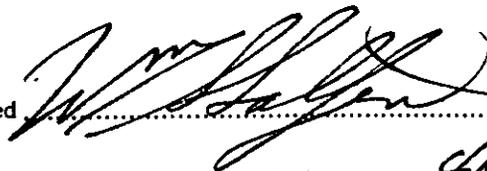
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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. 4699

P. O. Address. 3840 ...

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.