

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791 Primary Registration District No. 1003
Registrar's No. 5415

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community 19 days years, months or days)

3. (a) PRINT FULL NAME FRED GEORGE DECHANT 253

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paula Dechant 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec 28, 1898 (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Franklin Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Real Estate

12. Name E. J. Dechant

13. Birthplace Franklin Ohio (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Beck
15. Birthplace Springboro Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. J. Dechant
(b) Address Belleville, Ill

17. (a) Removal (b) Date thereof June 22, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill

18. (a) Signature of funeral director Guadalupe & Co.
(b) Address Belleville, Ill

19. (a) JUN 24 1940 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town Belleville (If outside city or town limits, write "RURAL") N.R.
(d) Street No. Westhaven Place (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1940 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 3, 1940, to June 22, 1940; that I last saw him alive on June 22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death POST OPERATIVE PERITONITIS Duration 6d

Due to CARCINOMA OF RECTUM 6 M.

Due to _____

Other conditions (include pregnancy within 3 months of death) BRONCHOPNEUMONIA - RT.

Major findings: Of operations CARCINOMA OF RECTUM

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? GHF

(e) While at work? _____ (Specify type of place)

(f) Means of injury _____

23. Signature O. M. Anderson (M. D. or other) Address BARNES HOSPITAL Date signed 6-23-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV-27-1939 I X19511

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edgar A. Baldus

Licensed Embalmer No.

2846

P. O. Address.....

Belleisle, Ill

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, above space should be left blank.