DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22823

JUN 4 1940

Registration District No. 784 — Primary Registration District No. 109 — Registrar's No. 1091

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Maplewood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Mos. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Clayton (If outside city or town limits, write "RURAL")

(d) Street No. 7388 Northmoor Drive (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Fredericka Decker 260

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Frank

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Sept. 23rd, 1861 (Month) (Day) (Year)

8. AGE: Years 78 | Months 8 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis, Mo. (City, town, or county) — 0 (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER 12. Name: Unknown

13. Birthplace: " (City, town, or county) — (State or foreign country)

MOTHER 14. Maiden name: Unknown

15. Birthplace: " (City, town, or county) — (State or foreign country)

16. (a) Informant's own signature: Frank Decker Jr.

(b) Address: 7388 Northmoor

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 6/8/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Crematory

18. (a) Signature of funeral director: Kraeger-Voss-Fix, Inc.

(b) Address: 3402 N. Kingshighway

19. (a) JUN 8 - 1940 (Date received local registrar) (b) [illegible] (Registrar's signature) G.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1940 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Only on June 7, 1940 to ____, 19__; that I last saw her alive on June 7, 1940, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Failure of heart to compensate due to gas pressure	
Due to: Infirmities of age	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Theo. J. Ruff (M. D. or other)

Address: 7465 Hazel Ave., Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.