FILED OCT 10 1940

o. 2
10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33113

Registration District No. 784 Primary Registration District No. 206 Registrar's No. 1806

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~St. Louis~~ McLemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mount St. Rose Sanatarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/22/40 9/22/40 (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 3953 Juanita Ave., (If rural, give location)

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

3. (a) PRINT FULL NAME DECK, FRED J. 490-03-8371

3. (b) If veteran, name war No

3. (c) Social Security No. 490-03-8371

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband or~~ wife RENA DECK

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased SEPT. 30 1891 (Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation MUSIC TEACHER

11. Industry or business

FATHER 12. Name Fred J. Deck

13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name Philomina Potkins

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Rena Deck

(b) Address 3953 Juanita

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25-40 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Southern

(b) Address 6322 S. Broad

19. (a) SEP 24 1940 (Date received local registrar) (b) R. Meyer M.D. Dr. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1940 hour 9 minute 00 A. M.

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

Immediate cause of death	Duration
Far Advanced Pulmonary Tuberculosis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Far Advanced Pulmonary Tuberculosis

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 C. E. Gerson (M. D. or other)

Address Mt. St. Rose Sanatorium Date signed 9-22-40 St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1942

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 Frank Ludwig

Licensed Embalmer No. 250 4

P. O. Address 6322 So Grand

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

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