

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution De Paul
(d) Length of stay: In hospital or institution 3 DAYS
In this community 3 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 4945 THEKLA
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME SANDRA CAROL Decker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE Color or race White
6. (a) Single, widowed, married, divorced, or single Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Dec 14 1939

8. AGE: Years 7 Months 8 Days 4
If less than one day

9. Birthplace St. Louis Mo

10. Usual occupation Student

MOTHER FATHER

11. Industry or business
12. Name Louis Decker
13. Birthplace St. Louis Mo
14. Maiden name MARGARET De Vaux
15. Birthplace EMERSON Ill

16. (a) Informant Louis Decker
(b) Address 4945 THEKLA

17. (a) BURIAL (b) Date thereof AUG 21 1947
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly
(b) Address 4286 LINDEN

19. (a) AUG 20 1947 (b) J. F. Brueck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1947 hour 5 minute 254 M.

21. I hereby certify that I attended the deceased from August 15 1947 to August 17 1947
that I last saw her alive on August 17 1947
and that death occurred on the date and place stated above.

Immediate cause of death Rocky Mtn Spotted Fever
Duration 10 days

Due to

Due to

Other conditions

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work Jackson Co
(e) Means of injury

23. Signature Jackson Co
Address 134 Mo Theatre Bldg Date signed 8/19/47

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

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.....

James A. Lemmers

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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, fact should be so stated above.