S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39603

FILED DEC 6 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11021

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 4646 Labadie Ave 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Emma E. Duecker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Henry Deucker

6. (c) Age of husband or wife if alive: 81 years

7. Birth date of deceased: January (Month) — 12 (Day) — 1867 (Year)

8. AGE: Years 80 | Months 11 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace: Nashville Ills (City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business

MOTHER FATHER

12. Name: Buhrman

13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Oliver H. Duecker

(b) Address: 2207 Yale Ave Maplewood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 4 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Nashville Ills

18. (a) Signature of funeral director: Calvin F. Feutz

(b) Address: 4828 Nat bridge Blvd

19. (a) DEC 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1 year 1947 hour 11 minute Am. M.

21. I hereby certify that I attended the deceased from November 28, 1947, to December 1, 1947; that I last saw him alive on December 1, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	2 weeks
Due to: Arteriosclerotic Heart	?
Due to: Disease	
Other conditions (Include pregnancy within 3 months of death)	
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? (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: A. R. Kuffler (M. D. ~~or other~~)

Address: 634 N. Grand St. Louis 3, Mo. Date signed: 12-2-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Mo Theatre Bldg
8 30/am - 10 am
2 pm - 3 30/pm

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 John A. Mlinar

Licensed Embalmer No. 4186.

P. O. Address St. Louis Mo.

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.