

Registration District No. 318

Primary Registration District No. 1003

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: 5929 Julian  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 15 Yrs.  
years, months or days

3. (a) PRINT FULL NAME Magda Pfeil Decker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Gustav F Decker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 27 1868  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace New York City (City, town, or county) (State or foreign country) N.Y.

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Carl Pfeil  
13. Birthplace Westphalia Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sam S Sample  
(b) Address Webster Groves Mo.

17. (a) Cremation (b) Date thereof 12 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Parker Und. Co.

(b) Address Webster Groves Mo.

19. (a) DEC 27 1948 (b) J. B. Casater  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County own  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5849 Clemens  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26th  
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1945 to Dec 26th 1948  
that I last saw him alive on Dec 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency Duration \_\_\_\_\_

Due to Arteriosclerotic heart disease with Auricular fibrillation

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. Alexander Smith (M.D. or other) \_\_\_\_\_  
Address Webster Groves Date signed 12-26-48

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

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**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.....

*Leslie Welch*

Licensed Embalmer No.....

*4395*

P. O. Address.....

*Adelster Grove Ma*

**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.**