

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40122

FILED DEC 2 1952

State File No. _____

10546

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) 2 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP		d. STREET ADDRESS (If rural, give location) NEAR ANTONIA 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) H. c. (Last) DECKE			4. DATE OF DEATH (Month) (Day) (Year) NOV. 14. 1952.				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 2 1889	
9. AGE (In years last birthday) 63		If UNDER 1 YEAR: Months 0 Days 12		If UNDER 1 WEEK: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and State or Foreign Country) PEVELY MO 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CHARLES DECKE		13b. MOTHER'S MAIDEN NAME LENA KAUFMAN		14. NAME OF HUSBAND OR WIFE CHRISTENA DECKE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS CHARLE DECKE IMPERIAL MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infection ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cholecystitis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days one wk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 586X			
22. I hereby certify that I attended the deceased from Sept 19th to Nov 14th , 19 52 , that I last saw the deceased alive on _____, 19____, and that death occurred at 9:50 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. M. Grand				23b. ADDRESS 3701 Grand St		23c. DATE SIGNED Nov 15 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT 23 1952		24c. NAME OF CEMETERY OR CREMATORY: SANDY CEMETERY		24d. LOCATION (City, town, or county) (State) PEVELY MO	
DATE REC'D BY LOCAL REG. NOV 17 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILSTAG FUNERAL HOME IMPERIAL MO			

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

FEB 27 1958

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Elmer A. Whitig

Licensed Embalmer No. 3571

P. O. Address _____

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.