

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38662

BIRTH NO. _____ REG. DIST. NO. 918 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10067

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY OR TOWN St Louis
c. LENGTH OF STAY (in this place)
c. CITY OR TOWN Imperial

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital
No. STREET ADDRESS Route 2 0500

3. NAME OF DECEASED
a. (First) WILLIAM b. (Middle) G c. (Last) DECKER
4. DATE OF DEATH Nov. 4 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED
8. DATE OF BIRTH January 18, 1890 9. AGE (in years last birthday) 64

10a. USUAL OCCUPATION Locomotive Engineer 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.
11. BIRTHPLACE Poplar Bluff, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Carol Decker 13b. MOTHER'S MAIDEN NAME Lydia Powell 14. NAME OF HUSBAND OR WIFE Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 702-18-1982 17. INFORMANT'S SIGNATURE OR NAME Pearl Decker, Route # 2, Imperial, Missouri ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cirrhosis of the liver, ascitis
ANTECEDENT CAUSES (b) rectal abscess
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 5810

22. I hereby certify that I attended the deceased from 10-24, 1954, to 11-4, 1954, that I last saw the deceased alive on 11-4, 1954, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE M. S. (Degree or title) 23b. ADDRESS Mo Pac Hosp 23c. DATE SIGNED 11-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 11-8-1954 24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial Park 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. NOV 6 1954 REGISTRAR'S SIGNATURE J. Earl Smith md 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette, St. Louis 4, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

[Handwritten signature]

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.....
Signature of Student Embalmer

Signed.....
James P. Chapman
Licensed Embalmer No. *45*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.