

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045366

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11274**

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| VS 300 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF | SHOULD READ | ITEM NO. |
| Rev. 4/59 | | | | | | | | |
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| FILED DEC 5 1963 | |
| 1. PLACE OF DEATH | |
| a. COUNTY St. Louis | Length of stay in 1b 8 weeks |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) Faith Hospital | d. STREET ADDRESS (If outside, give location) 5028 N. Union Ave. |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. STATE Missouri | b. COUNTY |
| 3. NAME OF DECEASED (Type or print) | |
| First MARY | Middle E. |
| Last DECKINGER. | 4. DATE OF DEATH November 13 1963 |
| 5. SEX F. | 6. COLOR OR RACE white |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-8-1881 |
| 9. AGE (last birthday) 82 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife |
| 11. BIRTHPLACE (City and state or country) Hardin, Illinois | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Perry Hamilton | 13b. MOTHER'S MAIDEN NAME Barbara Grassman |
| 14. NAME OF HUSBAND OR WIFE Paul Deckinger. | 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. | 17. INFORMANT Dr. Robert Kelly, 5028 N. Union Ave. |
| 18. CAUSE OF DEATH (Enter only one cause per line) | |
| PART I. DEATH WAS CAUSED BY | |
| IMMEDIATE CAUSE (a) Bilateral atelectasis of the lungs; Pathol. Cause: Pelvic Fractures; suffered when struck by car operated by one, Eli Thomas in the vicinity of 5028 Union Blvd., on Sept. 21st 1963, at about 4:15 P.M. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) see above | |
| 20c. TIME OF INJURY Hour 4:15 a.m. p.m. | Month, Day, Year 9-21-63 |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street |
| 20f. CITY, TOWN, OR LOCATION St. Louis, Mo. | |
| 20g. COUNTY Hardin | |
| 20h. STATE Illinois | |
| 21. I attended the deceased from 4:00 A to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <i>[Signature]</i> | 22b. ADDRESS 1300 Chestnut |
| 22c. DATE SIGNED 11-14-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 11-15-63 |
| 23c. NAME OF CEMETERY OR CREMATORY Hardin | 23d. LOCATION (City, town, or county) (State) Hardin, Illinois. |
| 24. FUNERAL DIRECTOR Buchholz Mortuary, 5967 W. Florissant Ave. | 25. DATE RECD. BY LOCAL REG. NOV 14 1963 |
| 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

(Licensed Embalmer's Statement on Reverse Side)

