

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 4439
Registrar's No. 1269

791 FILED MAR 2 1940

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7388 Northmoor Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Frank Decker, Sr.

3. (b) If veteran, name war None
3. (c) Social Security No. 491-14-5502

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fredericka Age of husband or wife if alive 79 years

7. Birth date of deceased Feb. 26th, 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months II Days IO
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER { 12. Name George J. Decker
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Decker Jr.
(b) Address 7388 Northmoor Dr.

17. (a) Cremation (b) Date thereof Feb. 8th, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc.
(b) Address 3402 N. Kingshighway

19. (a) FEB 8 1940 (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th
year 1940 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 7
_____, 1939, to Feb. 5, 1940
that I last saw him in alive on Feb. 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 years

Due to hypertension

Due to _____

Other conditions Plural Effusion 2 days
(include pregnancy within 3 months of death)
no pneumonia
Major findings: _____
Of operations _____
Of autopsy _____

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 _____

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) _____
(e) Means of injury _____

23. Signature John W. McDonald (M. D. or other)
Address 539 N. Grand Date signed 2-7-40