

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35128

1. PLACE OF DEATH

County..... Registration District No. **791**

Township..... Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)..... St. Ward)

2. FULL NAME

1533 **Emil Eckertkamp**

(a) Residence. No. **2808 N 15th** St., **26th** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **57** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** | **4. COLOR OR RACE** **White** | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar 27 1869**

7. AGE YEARS **57** MONTHS **11** DAYS **18** If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Janitor**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Herman Eckertkamp**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Lina Sackberg**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **Dr. Roman**
(Address) **City Hospital**

15. FILED **NOV 17 1927** **Marb Starkopf**
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 15 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 17**, 19**27** to **Nov 15**, 19**27** that I last saw **him** alive on **Nov 15**, 19**27** and that death occurred, on the date stated above, at **10:05 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Multiple infarcts of the lung - cause probably (disease)

34
350
1115 **Chronic myocarditis of**
CONTRIBUTORY (SECONDARY) **disease** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **38**
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) **J. J. [Signature]** M. D.
15, 19**27** (Address) **City Hospital**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Western Lutheran** | **DATE OF BURIAL** **Nov 17 1927**

20. UNDERTAKER **Thos H. Riederwider** | **ADDRESS** **1236 St Louis Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT RECORD

Ecklenkamp.