

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

Do not use this space.

11045

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No. ....  
Registered No. **2872** .....

**2. FULL NAME**

(a) Residence. No. **3719 S. Compton St.**, **16** Ward. ....  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eva E. Eckardt**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 25 - 1854**

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.  
**74** | **-** | **16**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Carpenter**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Mason**  
(c) Name of employer **Temple**

9. BIRTHPLACE (CITY OR TOWN) **St Louis**  
(STATE OR COUNTRY) **Mo**

**PARENTS**  
10. NAME OF FATHER **John Eckardt**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
12. MAIDEN NAME OF MOTHER **Amelia Steedly**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **Mr Eva E. Eckardt**  
(Address) **3719 S. Compton**

15. FILED **11 1922** **Mar C. Starbuck**  
REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 15 1922**

17. I HEREBY CERTIFY, That I attended deceased from **June 10** 19**21**, to **March 15** 19**22**, and that I last saw him alive on **12 March 1922**, and that death occurred, on the date stated above, at **7:25 P.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Mitral Regurgitation**  
**900 193A**  
**106 B**  
(duration) **4** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Chronic Infectious non-Tubercular**  
(duration) **2** yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? .....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) **William J. Mc** M. D.  
**3/14 1922** (Address) **13217 Mission**

\*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 **New Richer Cem** DATE OF BURIAL **March 15 1922**

20. UNDERTAKER **Hauke & Schmitt** ADDRESS **3732 S Grand Bl**

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.

1321 *L. j. ...* ...  
v. ...

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