

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

Do not use this space.

42684

**1. PLACE OF DEATH**

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

Registration District No. 791  
Primary Registration District No. 7907  
No. Repters Hospital

File No.....  
Registered No. 11934  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 4040 Cora Ave St., 10 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

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 Lenore Pittrof Ekevert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 - 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
28 11 27

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Clerk R.R. 1215 95B  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER John Ekevert

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

12. MAIDEN NAME OF MOTHER Carrie Strus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chester  
(STATE OR COUNTRY) Ill

14. INFORMANT (Address) Lenore Ekevert  
4040 Cora Ave

15. FILED DEC - 8, 1928 Max C. Tanker  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov - 22, 1928, to Dec 7 - 1928 that I last saw him alive on Dec 7 - 1928 and that death occurred, on the date stated above, at 10:25 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute dilatation of Heart  
Operation for Appendicitis

(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Surgeal Shock  
ruptured aorta & Pericardial effusion  
for Cholelithiasis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis

IF NOT AT PLACE OF DEATH St. Louis Baptist Hospital

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 4 - 28

1115 20 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Symptoms

(Signed) Dr. J. H. ... M. D.

, 19 1928 Address St. Louis

\*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 DATE OF BURIAL

Calvary Cemetery Dec 10, 1928

20. URBERTAKER ADDRESS St. Louis

St. Louis 4609  
W. ... 1323

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

