96
JUN 27 1929
18
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22536

1. PLACE OF DEATH
County St. Louis, County — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033B. — Registered No. 190
City Overland (No. 2418 Spencer Avenue St. Ward)

2. FULL NAME Joseph Eck.
(a) Residence. No. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15. 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 1 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Overland, Mo.,

PARENTS
10. NAME OF FATHER Francis Eck.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,
12. MAIDEN NAME OF MOTHER Bernadine Meschede
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

14. INFORMANT Francis J Eck
(Address) 2418 Spencer Avenue

15. FILED 6/17, 1929 Nella Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1929

17. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19..., that I last saw h— alive on —, 19..., and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
159 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 6th month gestation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1610
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Obvious sign
(Signed) John O'Neill Coroner M.D.
6/16, 1929 (Address) Overland Mo

*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
SS. Peter & Paul Cemetery	June 17, 1929

20. UNDERTAKER	ADDRESS
J H Gibbons L and M Co	2842 Meramec

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD