

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1013
 City ST. LOUIS (No.) St. Ward)

11743

File No.
 Registered No. 2973

2. FULL NAME GEORGE ECKERT

(a) Residence No. 832 BITNER St. 8 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 WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV. 11TH 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 - 3 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) GERMANY
 (STATE OR COUNTRY) 10

10. NAME OF FATHER JOHN ECKERT

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

12. MAIDEN NAME OF MOTHER NOT KNOWN

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

14. INFORMANT George Eckert
 (Address) 832 Bitner St

15. FILED MAR -7 1931 Max C. Harkley REGISTRAR

791
1013

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 19 1931
Mar 16 to Mar 7 1931
 that I last saw h. im alive on Mar 6, 1931 and that death occurred, on the date stated above, at 29 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency

92A
162 92A (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Senility
 (duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

8 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. J. Van Schooten, M. D.

3/7 .1931 (Address) 8313 Halls Ferry

*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

March 9 1931

20. UNDERTAKER

ADDRESS

Edward Koch

3516 1/2 14th St

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

