

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.

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

Do not use this space.

6341

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1008  
City St. Louis (No. 3000, Park Av.) St. 17 Ward.....

File No. ....  
Registered No. 1373  
St. .... Ward.....

2. FULL NAME

(a) Residence, No. 3000 Park Av. St. 17 Ward..... (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Theresa Eckmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 1871</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>7</u>
	DAYS <u>5</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Produce 16 9</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) - <u>Columbia</u> <u>20</u> (STATE OR COUNTRY) <u>Illinois</u>		
MOTHER	13. NAME <u>Adam Eckmann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Theresa Eckmann</u> (ADDRESS) <u>3000 Park Av.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. Peter Paul</u> , DATE <u>2-15-1932</u>		
19. UNDERTAKER <u>Witt Bros. Co.</u> (ADDRESS) <u>2929 S. Jefferson Ave.</u>		
20. FILED <u>11 1932</u> 19 <u>Max K. Starvo</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

No. Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw h..... alive on....., 19...... Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
930  
Aneurysm of Left Ventricle of Heart  
Other contributory causes of importance:  
96

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury..... (7)

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) John J. Purley M.D.  
(Address) Deputy Coroner

