

**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. 303
 City St. Louis, (No. Emerald City Hosp #1) St. 15 Ward

File No. 10358
 Registered No. 2380

2. FULL NAME

Mathias Ekert.
 (a) Residence, No. 4108 So. Main Street, St. 15 Ward.
 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. (If nonresident, give city or town and State)

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>Katharina Ekert.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 15, 1867.</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>11</u>	DAYS <u>27.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer.</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary.

13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Joseph Ekert
4108 So. Main St.

18. BURIAL, CREMATION, OR REMOVAL
SS Peter & Paul Cem. DATE Mar. 14, 1932

19. UNDERTAKER (ADDRESS) H. H. Eubank & Co
2842, Herameo St.

20. FILED MAR 12 1932 Max E. Standley
Registrar. 3/12/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1932

22. I HEREBY CERTIFY, that I attended deceased from No Physician in attendance, 19... to 19...
I last saw him... alive on 4/9/32, 19... Death is said to have occurred on the date stated above, at 4/9/32 in.

The principal cause of death and related causes of importance were as follows:

930
Shonica Myocarditis
 Other contributory causes of importance:
930

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.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify C. W. Kemmer
 (Signed) Def. C. Kemmer M-D.

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

