

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

Do not use this space.

42299

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. Deacon Hospital) St. _____ Ward _____

File No. _____
 Registered No. **11429**

2. FULL NAME

Daniel Eckert
 (a) Residence, No. 2426^e Bacon St. 11 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 Anna Eckert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3rd 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1st

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Charles Eckert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 2

15. MAIDEN NAME Rosa Helmel

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

17. INFORMANT Anna Eckert
 (ADDRESS) 2426^e Bacon St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Church DATE Dec. 24

19. UNDERTAKER Wm. R. Paschedag
 (ADDRESS) 2825th St. South

20. FILED DEC 23 1932 Wm. R. Paschedag Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Dec. 30 1932, to Dec. 31 1932

I last saw him alive on Dec 31 1932. Death is said

to have occurred on the date stated above, at 1:10 p.m.

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

Lobar Pneumonia
de supp
11A
18
10
 Other contributory causes of importance:
fluering

Date of onset
12/18/32
12/15/32
12/19/32

Name of operation..... Date of.....
 What test confirmed diagnosis? Physic Was there an autopsy? no

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? 1

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....
 (Signed) Wm. R. Paschedag M. D.

(Address) 3435 N. Grand Ave.

WRITE PLAINLY, 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.

