

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.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4619 Pope Ave**)

File No. **42317**  
Registered No. **11448**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **4619 Pope Ave** St. **9** 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 **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 **Lae Busse Eckerman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **9-13-1902**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **30 3 9**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Buyer 180**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Wool & Fur Harris Co**

10. Date deceased last worked at this occupation (month and year) **11-15-1932** 11. Total time (years) spent in this occupation. **14 yrs**

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

MOTHER FATHER 13. NAME **Henry Eckerman**

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

MOTHER 15. MAIDEN NAME **Rose Grass**

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

17. INFORMANT (ADDRESS) **Poland Eckerman 6755 Delmar Dr**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **Dec. 27**, 19**32**

19. UNDERTAKER (ADDRESS) **Alexander & Sons 6175 Delmar**

20. FILED **DEC 23 1932** 19 **Max C. Standen** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 22 1932**

22. I HEREBY CERTIFY, That I attended deceased from **12/16**, 19**32**, to **12/22**, 19**32**

I last saw **him** alive on **12/22**, 19**32** Death is said to have occurred on the date stated above, at **7 P. m.**

The principal cause of death and related causes of importance were as follows:  
**Acute Edema of Glottis** Date of onset **12/22/32**

**8**  
**1932**

Other contributory causes of importance:  
**Scarlet Fever** **12/19/32**

Name of operation **no** Date of **no**

What test confirmed diagnosis? **symptoms** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** Date of injury ..... 19.....  
Where did injury occur? **no** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. **no**

Manner of injury **no**

Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify **Chas P. Motter**, M. D.  
(Address) **3903 Kell Ave**

1850  
1851  
1852

1  
12-23-32

J. A. Smith, M. D.