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.

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

Do not use this space.

31442

**1. PLACE OF DEATH**

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 8766

City St Louis (No. City Hosp #1 ..... St. ..... Ward)

8026

**2. FULL NAME** Adolph Eckstrand

(a) Residence, No. 4453 Garfield St., Ward 11 ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 21, 1857

7. AGE: YEARS 77 | MONTHS 5 | DAYS 9 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

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): Sweden

FATHER

13. NAME: Adolph Eckstrand

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Hosp Inf Mr Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove Cem DATE: Sept 1, 1934

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton ave.

20. FILED: 31 1934 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1934, to 8/30, 1934

I last saw him alive on 8/30, 1934. Death is said to have occurred on the date stated above, at 2:35 p.m.

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

Arteriosclerosis — Date of onset

94b

Other contributory causes of importance:
Coronary occlusion
Pulmonary Emphysema
Hydrocele

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 No

(Signed) H. E. Snow, M. D.

(Address) City Hosp #1

100M-11-24-33