

1627 *St. Louis*

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH *791*

Do not use this space.

34507

1. PLACE OF DEATH *OCT 11 1934*

County.....

Registration District No. **1003**

Township.....

Primary Registration District No.....

City *St. Louis*

(No. *4051 Castleman*)

File No.....

Registered No. **9312**

St. .... Ward)

2. FULL NAME *Ida Eckhoff*

(a) Residence, No. *4051 Castleman 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 *F* 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 *Henry Eckhoff*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March-5-1896*

7. AGE YEARS *38* MONTHS *6* DAYS *16* IF LESS than 1 day, ..... hrs. or ..... min.

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

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) *Herman* (STATE OR COUNTRY) *Missouri*

13. NAME *John Allemann*

14. BIRTHPLACE (CITY OR TOWN) *Garnade Bern* (STATE OR COUNTRY) *Switzerland*

15. MAIDEN NAME *Dorothy Whorley*

16. BIRTHPLACE (CITY OR TOWN) *Garnade Bern* (STATE OR COUNTRY) *Switzerland*

17. INFORMANT *Henry Eckhoff* (ADDRESS) *4051 Castleman*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Bernard* DATE *Sept 24 1934*

19. UNDERTAKER *Quar J. Hoffmister* (ADDRESS) *2016 Washington*

20. FILED *21 1934* 19. *J. Brebeck* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 21 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Mich 10 1934* to *Sept 21 1934*

I last saw h. w. alive on *Sept 21 1934*. Death is said to have occurred on the date stated above, at *2 A.* m.

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

*Acute Myocarditis*  
*Physically exhausted*  
*following tedious labor*

Date of onset

*Sept 21 1934*

Other contributory causes of importance:

Name of operation *149* 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.....

(Signed) *W. Whitcomb Hall*, M. D.

(Address) *1625 Louis Park*

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.

MARGIN RESERVED FOR BINDING

