

DEC 12 1936

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

Do not use this space.

37508

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **3003**City **St. Louis**No. **5236 a Gilmore Ave**

File No.....

Registered No. **9475**

St. Ward)

2. FULL NAME

(a) Residence, No. **5236 a Gilmore Ave** 7 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

1. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
-------------------------	----------------------------------	---

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Gustave Eckhardt**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 5, 1860**7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75. 10- 68. 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. **At Home**

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) **Germany**13. NAME **Gustave Eckhardt**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Anna Seidel**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Mrs. Hilda Hertz**
5236 Gilmore Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE **St. Johns** DATE **Nov 14, 1935**19. UNDERTAKER (ADDRESS) **Math. Hermann & Son**
316 1/2 Jay Ave20. FILED **NOV 12 1936** 19 **J. Brebeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 11th**, 19**35**22. I HEREBY CERTIFY, That I attended deceased from **Jan.**, 19**35** to **Nov. 11**, 19**35**I last saw her alive on **Nov. 10**, 19**35** Death is said to have occurred on the date stated above, at **7:45 a.m.**

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

Chronic Myocarditis Date of onset **could know**

Other contributory causes of importance:

Name of operation **none** Date of.....What test confirmed diagnosis? **clinical** 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? **no**

If so, specify.....

(Signed) **Roland R. McCorm**, M. D.(Address) **5330 Geraldine**

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.

