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.

DEC 4 1936

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

Do not use this space.

38905

1. PLACE OF DEATH

County St. Louis. Registration District No. 786 File No.

Township ~~Central~~ Jefferson Primary Registration District No. 4469 Registered No. 83

City Maplewood (No. Sutton Ave. & Greenwood Blvd. St. Ward)

2. FULL NAME Louise Eckman.

(a) Residence, No. 3633 Commonwealth Ave. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Eckman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4. 1915

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21	6	21	

OCCUPATION

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

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) Missouri.

FATHER

13. NAME Steven Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER

15. MAIDEN NAME Mary Corley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Mrs Mary Ryan. 1274 Wagner Terrace

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem., DATE Oct. 29/36.

19. UNDERTAKER (ADDRESS) Jos. W. Clark. 1125 Hodiamont Ave.

20. FILED Nov 10, 1936 Pauline Breitenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 p.m.

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

Fractured cervical vertebra, crushed chest, masceration of skull, masceration of brain, fracture of left humerus

Date of onset

Other contributory causes of importance:

compound & comminuted fracture of rt. tibia & fibula, over

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

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

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) [signature], M. D.

(Address) 3717 Jennings Rd

Coroner, St. Louis Co., Mo.

Complete severance of left leg, crushing of abdominal viscera, causing abdomen to be extended with intra abdominal hemorrhage.
See:- Int. & Ext. hemorrhage.
auto & train accident.
Verdict of Jury:-
by criminal carelessness of crossing watchman.

V 2033 Alamance Co.