

MAY 7 1937

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

Do not use this space.

11291

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. City Hospital No. 1)
B 0208 Charlotte Eckert St. Ward)

2. FULL NAME

(a) Residence, No. 2703 Osage St., 24 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 Female 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 Edwin Eckert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1891
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
45 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) St. Louis, Missouri13. NAME Louis Robert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri15. MAIDEN NAME ? Don't Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Don't Know17. INFORMANT Hosp. Info. H. H. Kent
(ADDRESS) City Hospital No. 118. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive Cem. DATE Apr. 10, 193719. UNDERTAKER J. H. Schenk and U. Co.
(ADDRESS) 2842 Heramec St.20. FILED APR 8 1937 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7/37, 1922. I HEREBY CERTIFY, That I attended deceased from 4/5/37 to 4/7/37, 19I last saw her alive on 4/7/37, 19. Death is saidto have occurred on the date stated above, at 7 P. m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

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....., 19Where 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 Roy Greenbaum, M. D.
(Signed)(Address) City Hospital No. 1

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.

