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

JUN 12 1937

Do not use this space.

File No. 18613

Registered No. 5189

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4212 Lexington Ave St. ..... Ward)

2. FULL NAME Roy Edgar Eckiss

(a) Residence, No. 4212 Lexington Ave St., 10 Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie Bylsma Eckiss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	29	11	28	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) May 25 1937

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Carmel Ill

FATHER

13. NAME Frank Eckiss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Carmel Ill

MOTHER

15. MAIDEN NAME Lilly Dyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Carmel Ill

17. INFORMANT Ollie Eckiss
(ADDRESS) 4212 Lexington Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem Cem DATE May 26 1937

19. UNDERTAKER Beiderwieden Funeral Home
(ADDRESS) 1936 St Louis Ave

20. FILED MAY 24 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1937

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 5:00 A M

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

	Date of onset
Strangulation due to hanging by leather belt from the rafter in the garage in the rear of his home on May 23, 1937 at about 5:00 A.M.	

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? Suicide Date of injury 5/23/1937

Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Garage in rear of home

Manner of injury .....

Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Alfred Sterry M.D.

(Address) Deputy Coroner