

AUG 30 1937

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

Do not use this space.

28346

1. PLACE OF DEATH

County *St. Louis* Registration District No. *790*
Township *Clayton* Primary Registration District No. *60339*
City *St. Louis* (No. *St. Louis County Ward*) St. *24* (Ward)

2. FULL NAME

Wm. Eckhardt, Bryan near Essex, Kirkwood, Mo.
(a) Residence, No. *Bryan near Essex, Kirkwood, Mo.* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *9* 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 *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Late Agnes Eckhardt*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 4, 1877*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *St. Louis Terra Cotta*

10. Date deceased last worked at this occupation (month and year) *About 4 yrs ago* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

13. NAME *Louis Eckhardt* (STATE OR COUNTRY) *Missouri*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Anna Hobbe*

15. MAIDEN NAME *Missouri*

17. INFORMANT *Mrs. Sister Breidecker* (ADDRESS) *6121 a Southwestern Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethany Cemetery* DATE *7-17* 19*37*

19. UNDERTAKER *Kriebshaber Mortuaries* (ADDRESS) *4228 S. Kingshighway*

20. FILED *7/15* 19*37* *Dr. J. Squarrelli* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 20* 19*37*

I last saw him alive on *7-14-37* July 14, 1937, 19*37* at *7:30* a.m. Death is said to have occurred on the date stated above, at *7:30* a.m.

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

Carcinoma of esophagus Date of onset *unknown*

Other contributory causes of importance: *Several ecchymia* unknown

Name of operation _____ Date of _____ *yes*
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*37*
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) *R. H. Hussbaum*, M. P.
(Address) *St. Louis County Hospital*

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.

