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

SEP 25 1937

Do not use this space.

31784

File No.

Registered No. 263

1. PLACE OF DEATH

County St. Louis 2

Township ~~Clayton~~ 1

City Clayton

Registration District No. 790

Primary Registration District No. 6033a

(No. St. Louis County Hospital St. Ward)

2. FULL NAME James Eck

(a) Residence, No. 7037 Lillian, St. Pine Lawn Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred life 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)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1919

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
17	7	28	

OCCUPATION

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

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) St Louis County Missouri
(STATE OR COUNTRY)

FATHER

13. NAME Charles Eck

14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Bertha Kronberg.

16. BIRTHPLACE (CITY OR TOWN) St Louis. Mo
(STATE OR COUNTRY)

17. INFORMANT mother, Bertha Eck.
(ADDRESS) 7037 Lillian ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE aug 5 1937

19. UNDERTAKER L. B. Tauzer
(ADDRESS) 6107 Natural Bridge Rd

20. FILED 8/3 1937 Dr A J Signorelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-24-37 to 8-1-37, 19..

I last saw him alive on 8-1-37, 19.. Death is said to have occurred on the date stated above, at 7:45 A.M. m.

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

	Date of onset
General peritonitis	7-16
Pylephlebitis	
Appendicitis - ruptured	about 7-20

Other contributory causes of importance

Name of operation Appendectomy & drainage Date of 7-24-37

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) R. G. Nussbaum M. D.

(Address) St Louis County Hosp

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD