FEB 12 1938

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

791 1

1308
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 1164

(c) City St. Louis, Mo. (d) Street No. 3745 Lindell Boulevard St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence Maurice Echerd 2 6 3

(a) Residence, No. 3745 Lindell Boulevard St. 19

(Usual place of abode, if no street address, write county or city) (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 Bertha Echerd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 22nd, 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	25	0	8	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Meddy Commission Co.

10. Date deceased last worked at this occupation (month and year) Dec. 1936

11. Total time (years) spent in this occupation 2 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beardstown, Illinois

FATHER

13. NAME John Edward Echerd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylorville, North Carolina

MOTHER

15. MAIDEN NAME Margaret Olive Hogan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgewood, Illinois

17. INFORMANT James Echerd
(ADDRESS) Belleville, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beardstown, Ill. DATE February 1, 19 38

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED JAN 31 1938 J. Bredick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 19 37, to Jan. 30, 19 38

I last saw him alive on Jan 28, 19 38. Death is said to have occurred on the date stated above, at 3:15 m. A. M.

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

	Date of onset
Tuberculosis, pulmonary	1933

Other contributory causes of importance:

Name of operation ..... Date of ..... Laboratory X-ray

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No

If so, specify .....

(Signed) ....., M. D.

(Address) 4500 Olive St

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)