

AUG 11 1939

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

25081

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
(b) Township St. Joseph, Primary Registration District No. 1001
(c) City St. Joseph, (d) Street No. 1020 North 5th, 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 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henrietta H. Eckhardt,

(a) Residence, No. 1020 North 5th, St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Eckhardt,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 1 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as 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) Unknown, Germany, 6

FATHER 13. NAME Unknown, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 7

MOTHER 15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT (ADDRESS) Louis E. Eckhardt,
1020 North 5th, Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem DATE July 20th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kalon-Bishop, Bur.
319 So. 10th Str.

20. FILED July 19, 1939 H. J. Neath
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th, 1939

22. I HEREBY CERTIFY, That I attended, deceased from July 8th, 1939, to July 8th, 1939,
I last saw him alive on July 8th, 1939. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Senility
Bronchopneumonia

Date of onset

Other contributory causes of importance:

arterio-sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) Harvey J. Pittyuk, M. D.

(Address) 203 N. 10th St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, July 17, 19

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10 St. Jays

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.)

If this body is not embalmed, above space should be left blank.