DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37851

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9690

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Centrel Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community Stillborn

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3757A Kossuth
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Stillborn years.

3. (a) PRINT FULL NAME Infant Of Victor And Cecelia Eckenroth

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 12. 1939. (Month) (Day) (Year)

8. AGE: Years Stillborn Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

FATHER 12. Name Victor Eckenroth 0

13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Cecelia Ball

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Victor Eckenroth.

(b) Address 3757A Kossuth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge.

19. (a) NOV 14 1939 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 11 day _____ year 1939 hour 8:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Still Born	
Dead in Utero for about 12 days	
Due to Do not know	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? No Injury (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature John C. Brand (M. D. or other) MD

Address 4578 Washington Date signed Nov 13, 39

(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.

I X19311

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.