

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8736
Registrar's No. 2219

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution: 4971 Robert Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County _____
(c) City or town Saint Louis, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4971 Robert Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ella F. Eckert.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred L. Eckert 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 5th, 1886.
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Belleville Illinois.
(City, town, or county) (State or foreign country)
10. Usual occupation House-Wife

11. Industry or business _____
12. Name Henry Pfeil
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie C. Keller.
15. Birthplace Unknown Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred L. Eckert
(b) Address 4971 Robert Ave
17. (a) Burial (b) Date thereof March 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2623 Cherokee Street.
19. (a) MAR 5 1940
(Date received local registrar)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4th,
year 1940. hour 3 minute 05 P.M.
21. I hereby certify that I attended the deceased from Jan 16, 1940 to March 4th, 1940
that I last saw her alive on 3/4/1940, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rt Lung (metastatic)
Carcinoma of Rt Breast &
Pelvic Bone (metastatic).
Due to _____
Due to _____

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: M
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature Harbert P. Smith (M. D. or other) _____
Address 5205 S. Chaffee St Date signed 3/5/40

Duration
1/16/40
plus
1/16/40
plus
1/16/40
plus
PHYSICIAN
Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.