

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34075

Registrar's No.

8772

Primary Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes 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)

3. (a) PRINT FULL NAME Herman A. Eckerle,3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-05-0293.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 4th, 1893.
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 19 If less than one day hr. _____ min. _____9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Automobile Salesman11. Industry or business Chevrolet,

12. Name Adolph Eckerle,
13. Birthplace Unknown, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ida Muessecke
15. Birthplace Unknown, Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adolph Eckerle
(b) Address 5247 Itaska Ave.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26-1940.
(Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park.18. (a) Signature of funeral director Ziegenhain Bros.
(b) Address 2623 Cherokee Street.19. (a) _____ (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County _____
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5247 Itaska Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd,
year 1940. hour 11 minute 0 A. M.21. I hereby certify that I attended the deceased from Oct 4
_____, 19 40 to Oct. 23, 19 40
that I last saw him alive on Oct. 23, 19 40
and that death occurred on the date and hour stated above.Immediate cause of death Hypertensive heart disease
chr. glomerular nephritis
Due to arterio sclerosisDue to _____
Other conditions terminal broncho-pneumonia
(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? _____ (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) (e) Means of injury _____

23. Signature H. E. Newman (M. D. or other)
Address 3720 Washington Date signed 10-23-40

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.