

FILED FEB 11 1942
Registration District No. 184

Primary Registration District No. 200

Registrar's No. 255

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Edgewood Retreat Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 14 days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Affton 8
(If outside city or town limits, write "RURAL")
(d) Street No. 9025 Gravois Ave. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John Walker Eckles
(b) If veteran, name war No. No (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 31
year 1942 hour 7:01 minute P. M.

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower
(2) 6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased May 18 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 4, 1941 to Jan 31, 1942
that I last saw him alive on Jan 21, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death:
① Chronic myocarditis 1 wk
② myocardial degeneration 4 mo
Due to Chronic hypoparathyroidism 1 wk
③ arteriosclerosis
Due to _____

9. Birthplace Unknown Ohio 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings: Of operations 934
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name George Eckles
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Julia Daggett
15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Eckles Jr.
(b) Address 6423 Olèthia Ave

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? _____

17. (a) Burial (b) Date thereof 2/3/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Near St. Marcus
18. (a) Signature of funeral director Walter Helms & Son Co.
(b) Address 3634 Gravois Ave

While at work? _____ (Specify type of place)
(c) Means of injury 0

19. (a) FEB 3 1942 (b) C. H. Mc Hannon
(Date received local registrar) (Registrar's signature)

23. Signature Eugene A. Wolf (M. D. or other) MD
Address 3325 S Grand Date signed 2-2-42

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

74
0
0

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.....

Frank J. Hyland

Licensed Embalmer No.....

2645

P. O. Address.....

St Louis MO

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.