

FILED APR 8 1942  
Registration District No. 791

Primary Registration District No. 1000

State File No. \_\_\_\_\_  
Registrar's No. 2474

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

1. PLACE OF DEATH:

(a) County: \_\_\_\_\_

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

(c) Name of hospital or institution: St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Mo. 21 Days  
(Specify whether)

In this community: \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME: Baby Eckenfels #2

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: 0

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: January 24 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace: St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation: none

11. Industry or business: none

MOTHER FATHER

12. Name: Robert Eckenfels

13. Birthplace: St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name: Ollie Lambert

15. Birthplace: \_\_\_\_\_ Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant: Robert Eckenfels

(b) Address: 513 E. Espenschied

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-19-42  
(Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Hope

18. (a) Signature of funeral director: Bendler Und.Co.

(b) Address: 197420 Michigan

19. (a) MAR 10 1942 (Date received local registrar) (b) J. F. Prudlak (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 1 000

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

(d) Street No.: 513 E. Espenschied  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17, year 1942 hour 10:23 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from January 24, 1942, to March 17, 1942 that I last saw her alive on March 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: Pneumonia  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: none

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: Dis. W. Saenon (M. D. or other) \_\_\_\_\_  
Address: City, Mo. Date signed: 3-18-42

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. *413*

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, fact should be so stated above.**