S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942 318

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28682

Primary Registration District No. 1003

Registrar's No. 8077

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Josephine Heitkamp Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17
(c) City or town St. Louis 915
(If outside city or town limits, write "RURAL")
(d) Street No. 4607 Wilcox
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Catherine Eckerich

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Single C

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 9 (Day) 1896 (Year)

8. AGE: Years 46 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name John

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

14. Maiden name Margaret A. Doll

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

16. (a) Informant Paul Eckerich

(b) Address 4607 Wilcox

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director Hoffmeister & Co

(b) Address 6464 Chippewa

19. (a) SEP 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Sept 20, 1942 to Sept 27, 1942 that I last saw her alive on Sept 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolus	15 minutes
Due to Localized abdom.	
Due to Cholecystitis	

Operation 9-25-42

Other conditions (Include pregnancy within 3 months of death) Non calculous

Major findings: Of operation Chronic Cholecystitis Local adhesions

Of autopsy None made

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John D Haywood (M. D. or other)
Address Metropolitan Bldg Date signed 9/26/42

(Licensed Embalmer's Statement on Reverse Side)

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 Edw H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.