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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 11 1943

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 518

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
349 Horn Avenue  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay  
(If outside city or town limits, write "RURAL")

(d) Street No. 349 Horn  
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country Germany

3. (a) PRINT FULL NAME Jenny Eckert

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1943 hour 6 minute 45 a.m.

21. I hereby certify that I attended the deceased from Feb. 26 1943, to Feb. 28 1943, that I last saw h. er alive on Feb. 26 1943, and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race White

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

6. (b) Name of husband or wife George Eckert

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

7. Birth date of deceased: Aug. 3 1860  
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Duration several years

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

Due to arteriosclerosis

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

Other conditions none  
(Include pregnancy within 3 months of death)

9. Birthplace Europe 4  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 9.3 d

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation house work

11. Industry or business at home

12. Name unknown

13. Birthplace Europe 4  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Europe 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Leroy Eckert

(b) Address Lemay, Mo.

17. (a) burial (b) Date thereof 3-4-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Fendler Undertaking Co.

(b) Address 7420 Michigan

19. (a) MAP 4 1943 (b) C. S. McKeown  
(Date received from registrar) (Registrar's signature)

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 Chris E. Pauler (M. D. —)  
Address 7806 S. Broadway Date signed 3-1-43

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

MAY 1 1958

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**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.....  
*Charles E. Funder*

Licensed Embalmer No. *4148*

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.**