

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8245

State File No.

FILED APR 3 1949

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2939

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 Month
(Specify whether In this community..... 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3706 Garnier
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Alma Eckert

3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year. 1943 hour 7 minute 24 A.M.

21. I hereby certify that I attended the deceased from Nov
1941, to March 27, 1943
that I last saw her alive on March 27, 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 Married

6. (b) Name of husband or wife. Mr. Louis J. Eckert 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased. April 18, 1899
(Month) (Day) (Year)

Immediate cause of death. Ch. Coronary Arteriosclerosis

Due to old rheumatic heart disease
valvular heart disease

Due to suicide by poisoning

Other conditions (include pregnancy within 3 months of death).....

8. AGE: Years Months Days If less than one day
43 11 9 hr. min.

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

10. Usual occupation. At Home

11. Industry or business.....

12. Name. Henry Von Eschen

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

14. Maiden name. Anna Schmidt

15. Birthplace. Columbia, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant. Mr. Louis J. Eckert

(b) Address. 3706 Garnier

17. (a) Burial (b) Date thereof. March 30, 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bellefontaine Cemetery

18. (a) Signature of funeral director. Beiderwieden F. H. Inc
(b) Address. 1936 St. Louis Avenue

19. (a) MAR 29 1949 J. J. Budeck
(Date received local registrar) (Registrar's signature)

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) Means of injury.....

23. Signature. J. J. Budeck (M.D. or other) MD
Address. 170 St. Louis Avenue Date signed 3-27-43

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

Dr. A. M. Boyd.
1703 So Grand
2+30-4

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.....
.....
working under my personal supervision.

Signed.....
Registered Apprentice No.....
Licensed Embalmer No. 2737
P. O. Address. 1926 St. Louis

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.