V. S. No. 2
50M—5-42
V. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8246

Registrar's No. 2397

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: 6133 ARGUS AV. 1 (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)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 93 (If outside city or town limits, write "RURAL")

(d) Street No. 6133 ARGUS (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME GROVER O. ECKHARDT.

3. (b) If veteran, name war NO

(c) Social Security No. 497-07-3480.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ETHEL ECKHARDT.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased FEBRUARY (Month) 19 (Day) 1886 (Year)

8. AGE: Years 57 Months 0 Days 22 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation WATCHMAN

11. Industry or business

MOTHER FATHER

12. Name LOUIS ECKHARDT.

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

MOTHER

14. Maiden name ANNA NOBLEY

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

16. (a) Informant Mrs. Ethel Eckhardt

(b) Address 6133 Argus

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Mar 15 43 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette av.

19. (a) MAR 30 (Date received by local registrar) (b) J. F. Bedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 11 day 11 year 1943 hour 6 minute 40 p. M.

21. I hereby certify that I attended the deceased from Dec 28 43 March 11 1943, to 1943 that I last saw him alive on March 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 J. H. Vizard 0 (M. D. or other)

Address 1865 Ar. Date signed 3/12/43

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry

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.