

No. 2  
2-43  
17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 27 1944 318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

267

State File No. \_\_\_\_\_  
Registrar's No. 470

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Alexian Bros. Hospital  
(d) Length of stay: In hospital or institution 3 days  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 175  
(d) Street No. 2823 Osceola Street 015  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH ECK.  
3. (b) If veteran, name war Spanish-American  
3. (c) Social Security No. 493-07-3346

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 14th  
year 1944 hour 9 minute 30 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased December 13, 1878.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-26 1943 to 1-24 1944  
that I last saw him alive on 1-24 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years 65 Months 1 Days 1 If less than one day hr. min.

Duration  
Acute Toxic myocarditis 1 day  
Empyema of left chest 4 days  
Lobar pneumonia 2 weeks  
Other conditions none

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation Retired-Brewery worker.  
11. Industry or business Anheuser-Busch.

Major findings: Of operations 108  
Of autopsy Acute Toxic myocarditis  
and Empyema of left chest  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Adam Eck.  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Dont know  
15. Birthplace Dont know. (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Eck.  
(b) Address 2823 Osceola Street  
17. (a) Burial (b) Date thereof 1/18/44.  
(Burial, cremation, or removal) (Month) (Day) (Year)

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 \_\_\_\_\_

(c) Place: burial or cremation National Cemetery.  
18. (a) Signature of funeral director J. H. Berry Mortuary  
(b) Address 2842 Maramec Street.  
19. (a) JAN 17 1944 (b) J. F. Braddock (c) Registrar's signature

23. Signature A. J. Shuman (M. D.)  
Address 4703 Virginia Date signed 1-15-44

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

844

**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.....

*Joe S. Benz*  
Licensed Embalmer No..... 4849

2842 Meramec Street  
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.**