

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 817

Primary Registration District No. 4466

Registrar's No. 675

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Shrewsbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7725 Lansdowne Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town Shrewsbury
(If outside city or town limits, write "RURAL")
(d) Street No. 7725 Lansdowne Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nell Ecker

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Will J. Ecker, Jr.
6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Oct. 31, 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business Not employed

MOTHER FATHER { 12. Name Owen J. Kieran
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kelledy
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Will Ecker, Jr.

(b) Address 7725 Lansdowne Ave.

17. (a) Burial (Burial, cremation, or removal) _____ (b) Date thereof 3/17/44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 20 1944 (b) C. G. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1944 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 18 1944 to 3/15/44
that I last saw her alive on 3/15/44
and that death occurred on the date and hour stated above.

Immediate cause of death: Metastasis to lungs
Duration about 5 years

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy no autopsy 50

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) (e) Means of injury _____

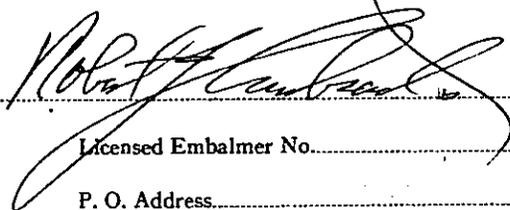
23. Signature Paul Brown (M.D. or other)
Address Paul Brown Bldg. Date signed 3/16/44

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

76
15
0

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..... 
.....
Licensed Embalmer No.
P. O. Address.....

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.