o. 2
-43
-39
K37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

Registration District No. 378

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 119646

Registrar's No. 6073

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:
Stone Nursing Home, 4373 W. Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Months. (Specify whether
In this community 4
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1917

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

(d) Street No. 4705 Margaretta Avenue.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Eckstrand.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 1 Female

5. Color or race White

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

6. (b) Name of husband or wife Adolph Eckstrand.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased July 26, 1858.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	11	10	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dont know.
13. Birthplace Dont know. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mr. Adolph Eckstrand.
(b) Address 4705 Margaretta Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-1944. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) JUL 7 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th.
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1, 1943 to July 6, 1944
that I last saw her alive on July 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Bronchial pneumonia
Secondary anaemia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

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 0

23. Signature: Eugene J. O'Malley (M. D. ~~or other~~) M.D.

Address 634 N. Grand Date signed 7-7-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Eugene J. O'Malley.
Mo. Theatre Building.
Hours 2 to 6 P.M.
Telephone Jefferson 9714.

DEC 15 1944

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 Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.