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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 31 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6491

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hosp #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community..... Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... 000
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(c) City or town..... St. Louis Mo
(If outside city or town limits, write "RURAL") 9 15

(d) Street No. 4400 Fyler Ave
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... F. E. FRANCIS (FRANK) ECKERT

3. (b) If veteran, name war..... No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 22
year..... 1944 hour..... 1.30 AM minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

4. Sex..... Male 5. Color or race..... White

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

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

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

7. Birth date of deceased..... Dec 6 1889
(Month) (Day) (Year)

Pulmonary Edema

Due to.....

Chronic Hypertrophic

Due to.....

Endocarditis

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

8. AGE: Years Months Days If less than one day

54 7 16 hr. min.

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

10. Usual occupation..... Invalid

11. Industry or business..... No

Major findings: - 928

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name..... Frederick Eckert

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

14. Maiden name..... Mary Jane Mottimer

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

16. (a) Informant..... Reuben Eckert

(b) Address..... 3235 Pennsylvania Ave

17. (a) Burial (b) Date thereof..... 7 24 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New Pickers Cemetery

18. (a) Signature of funeral director..... Kriegshausner Und Co

(b) Address..... 4288 So. Kinghighway Blvd

19. (a) JUL 24 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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..... Thomas F Callahan (M. D. or other) 3
Deputy Coroner Date signed..... 7-24-44

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

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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.....

Edwin D. McDevitt

Licensed Embalmer No..... *3024*

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.