

FILED DEC 27 1944 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 10654

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

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:
4310a Warne Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4310a Warne Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mildred F. Eckert

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 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 August 3, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 4 9 hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Henry Eckert

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

14. Maiden name Anna Hartman

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

16. (a) Informant Miss Alvina Hartman

(b) Address 4310a Warne Ave

17. (a) Burial (b) Date thereof 12/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 14 1944 J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th.
year 1944 hour 1:45 PM. minute Jan M.

21. I hereby certify that I attended the deceased from Dec 12, 1944
1 1940, to Dec 12, 1944
that I last saw her alive on Dec 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary
Arteriosclerosis
Due to Chronic Sympathetic 4 yrs
Chronic Arteriosclerosis 4 yrs
Other conditions non
(Include pregnancy within 3 months of death)

Duration

1 day
4 yrs

PHYSICIAN

Major findings:
Of operations no
Of autopsy no
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 MI

23. Signature Dr. T. H. Henschi (M. D. or other) MD
Address 3500 N. Grand Date signed

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 William G. Buchholz
Licensed Embalmer No. 2110
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.