S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318

State File No. 18677

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5278

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: 6160 Waterman 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 Missouri (b) County 000

(c) City or town St. Louis 17 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6160 Waterman
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louis Eckert

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May (Month) 19 (Day) 1871 (Year)

8. AGE: Years 74 Months 0 ~~Days~~ ~~12~~ 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Austria 11 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Wholesale Jewelry

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

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

16. (a) Informant Jerry Eckert
(b) Address 6160 Waterman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director H. Rudskopf
(b) Address 5216 Delmar Blvd.

19. (a) JUN 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 1 day 12
year 1945 hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from June 1943, to June 12 1945;
that I last saw him alive on June 10 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	30 min
Due to Chronic Hypertension	2 yrs
Due to Chronic Arteriosclerosis	2 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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

23. Signature A M Frank (M. D. or other) MD
Address 3651 Grandel Date signed June 14 1945

(Licensed Embalmer's Statement on Reverse Side)

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 H. Burgess

Licensed Embalmer No. 4029

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.