

7. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED JAN 21 1946

STANDARD CERTIFICATE OF DEATH

State File No. 259

Registration District No. 318

Primary Registration District No.

Registrar's No. 153

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:
1934-a Hebert Street
(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)

3. (a) PRINT FULL NAME PAULINE ECHTERNKAMP

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Theodore E Echternkamp 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August 11 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Hartman

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Hohlt

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore E Echternkamp
(b) Address 1934-a Hebert Street

17. (a) Burial (b) Date thereof Jan 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F H Inc
(b) Address 1936 St Louis Avenue

19. (a) Jan 7 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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. 19342 Hebert Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1946 hour _____ 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from August 16, 1943 to Jan 4, 1946
that I last saw her alive on Jan 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day

Due to hypertension yes

Due to _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Rich Swelord (M. D. or other) MD
Address 220 University Date signed 1/4/46

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

2468

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..... *Glen W. Hays*

Licensed Embalmer No. *3737*

P. O. Address..... *1936 St. Louis*

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.