

**FILED MAR 7 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: 4520 Louisiana  
(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 \_\_\_\_\_

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

(d) Street No. 4520 Louisiana  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Dora Eckert

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security No.** 490-01-7723B

**4. Sex** Female **5. Color or race** White

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

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

**6. (c) Age of husband or wife if alive** 77 years

**7. Birth date of deceased** March 8 1871  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>74</u>	<u>11</u>	<u>16</u>	hr. _____ min. _____

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

**10. Usual occupation** Home

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** William Steckhan

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

**14. Maiden name** Marie Weinhagen

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

**16. (a) Informant** Theodore Eckert

**(b) Address** 4520 Louisiana

**17. (a) Burial** (b) Date thereof. 2/27/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** New St. Marcus

**18. (a) Signature of funeral director** Walter White

**(b) Address** 3634 Gravois Ave.

**19. (a) FEB 26 1946** J. F. Bredack  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb. day 24 year 1946 hour 2 minute 15 A. M.

**21. I hereby certify that I attended the deceased from** Jan 7 1946 to Feb 24 1946  
that I last saw her alive on Feb 24 1946  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Acute Cardiac Dilatation **Duration** 1 day

**Due to** Ch. Myocarditis **Duration** 2 yrs  
Arteriosclerosis **Duration** 6 mos

**Due to** Ch. Rheumatic fever **Duration** 1 1/2 yrs  
nephritis Interstitial **Duration** 2 yrs

**Other conditions** Pulmonary Emphysema **Duration** 1 yr  
(Includes pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy no

**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** J. F. Bredack (M. D. or other) MD

**Address** 2767 Leavis **Date signed** 2-25-46

---

---

**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.....

*Robert Wheeler*

Licensed Embalmer No. ....

*2178*

P. O. Address.....

*Stoums*

**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.**