

FILED NOV 3 1946

State File No. _____

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 3171

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Kirkwood
(c) Name of hospital or institution:
446 George St.
(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 Mo. (b) County St Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL") 3
(d) Street No. 446 George St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No?)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Anna Eckland

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

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

6. (b) Name of husband or wife Emil Eckland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 8 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 18 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Schrandt 4

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

14. Maiden name Hilda Kriekel

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

16. (a) Informant Mrs. Earl Studley
(b) Address 590 Andrews Ave. Kirkwood 29

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

(c) Place: burial or cremation Hillaburg, Mo.

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood Mo.

19. (a) 10-29-46 (b) Ruth J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from July 15 1946 to Oct 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Hypertensive cardiac renal disease
Due to 131

Duration

5 da - 4 yrs

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

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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 [Signature] (M. D. or other) [Signature]
Address Webster Ave Date signed 10/26/46

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

MOTHER FATHER

DEC 19 1946

DEC 2 1946

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 Felix Durand
Licensed Embalmer No. 3034
P. O. Address Kirtwood (22)

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.