

FILED DEC 17 1946
378

Primary Registration District No. 1003

Registrar's No. 10423

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:
Missouri Pacific Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week (Specify whether
 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. 2804 Samble St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JACK ECKEW

3. (b) If veteran, name war No 3. (c) Social Security No. 718076386

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Vera Eskew 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased June 23 1905
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 8 hr. min.

9. Birthplace Memphis Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business G. M. & O. Railroad

12. Name James Eckew

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

14. Maiden name Unknown

15. Birthplace Memphis Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Vera Eskew

(b) Address 2804 Samble St

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

(c) Place: burial or cremation Booker Washington

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Page Blvd

19. (a) DEC 5 1946 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
 year 46 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 24 Nov 46
 _____, 1946 to Dec 1, 1946
 that I last saw him alive on Dec 1 11:50 pm, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 10 min
massive

Due to hypertensive cardiovascular disease 3yr

Due to _____
 Other conditions Coronary heart
 (Include leguans within 3 months of death) failure

Major findings: 93
 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)
 (a) Means of injury _____
 23. Signature Louis J. Stephens (M. D. or other)
 Address Mo. Pac. Hotel Dec 1 1946

MAKE PERMANENT - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Claude M. Nash Registered Apprentice No. *424*
working under my personal supervision.

Signed.....

C. J. Nash

Licensed Embalmer No. *2432*

P. O. Address *3847 Page Road*

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.