

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 11 1947

Registration District No. 117

Primary Registration District No. 5435

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Rural "Rural" and name of township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime  
years, months or days

3. (a) PRINT FULL NAME PHILLIP LOUIS ECKER

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Lydia Helmenesh Ecker 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased November 8 1891  
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 0 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name Phillip Ecker, Jr.  
13. Birthplace Drake Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Helmenesh  
15. Birthplace Quensville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer Lach

(b) Address Reubon, Mo.

17. (a) Burial (b) Date thereof March 11 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M.E. Cemetery - Drake, Mo.

18. (a) Signature of funeral director Harold N. N. Winter

(b) Address Quensville, Mo.

19. (a) 3/10/47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Quensville Route 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1947 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 1 1947 to March 8 1947  
that I last saw him alive on March 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & cardiac decompensation Duration 1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations None 930  
Of autopsy None

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) (b) Means of injury \_\_\_\_\_

23. Signature Paula J. Brannan (M. D. or other) MD  
Address Quensville, Mo. Date signed 3-8-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 4-10-47

APR 14 1947

### 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 Mr.  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Michael H. H. Winter  
Licensed Embalmer No. 3838  
P. O. Address Owensville, Mo.

**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.**