S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18776

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4915

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

1. PLACE OF DEATH:

(a) County S Louis Mo

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

(c) Name of hospital or institution Firmin De Sloge (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 S Louis 96

(c) City or town Jemay (If outside city or town limits, write "RURAL") 0

(d) Street No. 924 Kammert (If rural, give location) 0

NR

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Eckerle, Richard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race N

6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 27 (Day) 1932 (Year)

8. AGE: Years 14 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation School Boy

11. Industry or business

FATHER

12. Name Herman J Eckerle

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

MOTHER

14. Maiden name Theda Maurer

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

16. (a) Informant Herman J Eckerle

(b) Address 924 Kammert

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive

18. (a) Signature of funeral director Rudolph Nd C

(b) Address 7420 Michigan Av

19. (a) MAY 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1947 hour seven minute thirty five A.M.

21. I hereby certify that I attended the deceased from 5/8/47 19 to 5/14 1947 that I last saw him alive on 5/14 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	
Due to Chronic glomerulonephritis	7 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work (e) Means of injury O

23. Signature P. J. Bettonville M.D. (M. D. or other)

Address 1325 S. Grand Date signed 5/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Oliver E. Pendle

Licensed Embalmer No. 4178

P. O. Address Lewes

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.