V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29001

FILED SEP 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8086

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Firmin Desloge Hospital
(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 aaa

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2249 Sullivan Av 9
(If rural, give location)

20

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

If yes, name country

3. (a) PRINT FULL NAME Eckert, Catherine

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Femsle

5. Color or race White

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

6. (b) Name of husband or wife John J.

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

7. Birth date of deceased Feb (Month) 14 (Day) 1871 (Year)

8. AGE: Years 76 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Albert Swehla
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Krejci
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant Anna Oelkers
(b) Address 2249 Sullivan Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter&Paul Cem

18. (a) Signature of funeral director Maydell
(b) Address 1926 Allen Av

19. (a) AUG 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 24
year 1947 hour 07 minute 05 p. M.

21. I hereby certify that I attended the deceased from 18 August 1947 to 24 aug 1947
that I last saw her alive on 24 aug 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Stokes-Adams Syndrome — Duration off + on for 2 wks

Due to Complete Heart Block — uncertain

Due to Coronary arteriosclerosis — uncertain

Other conditions Generalized arteriosclerosis; — uncertain
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of hepatic flexure of colon and liver metastases; Gastro-jejunostomy (surgical)

Of operations: No operation at this time. Autopsy findings as above

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

23. Signature Vernon A. Berkey (M. D. or other)

Address 1325 South Grand Date signed 8-25-47

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed Barry L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allonar.

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.