

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 42980

National Office of Vital Statistics
Filed JAN 9 1948
318

Registrar's No. 11994

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5335a Von Puhl St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5335a Von Puhl St. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Alma L. Echelmeier
3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter F. Echelmeier 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 22, 1897 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 29 year 1947 hour 1 minute 35 p.m.
21. I hereby certify that I attended the deceased from Jan 10 1946 to Dec 29 1947 that I last saw him alive on Dec 20 1947 and that death occurred on the date and hour stated above. Duration

8. AGE: Years 50 Months 11 Days 7 If less than one day hr. min.

Immediate cause of death: Carcinoma of left breast with metastasis to glands and lymphatics 2 years
Due to: Cause unknown
Other conditions: None (Include pregnancy within 3 months of death)
PHYSICIAN: Underline the cause of which death should be charged statistically.

9. Birthplace St. Charles Mo. (City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business
12. Name August Hollrah
13. Birthplace St. Charles, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Amelia Meyer
15. Birthplace St. Charles, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Walter F. Echelmeier
(b) Address 5335a Von Puhl St.
17. (a) Burial (b) Date thereof 1-2-48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery St. Charles, Mo.
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair Ave.
19. (a) DEC 30 1947 (Date received local registrar) (b) (Registrar's signature)

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: (M. D. or other)
Address: 1117 N. Grand Date signed: 12/30/47

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

MOTHER FATHER

NOV 1 1954

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 *Walter J. Burnley*
Licensed Embalmer No. *4293*
P. O. Address *St. Louis 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.