S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

2183

State File No.

FILED JAN 7 1948

Registration District No. 376 — Primary Registration District No. 6074 — Registrar's No. 429

1. PLACE OF DEATH:
(a) County: ST. FRANCOIS
(b) City or town: CANTWELL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CANTWELL MO. 3
(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)
In this community: 1 DAY

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: St. Louis City
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2010 CHIPPEWA
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: GEORGE ECKERT
3. (b) If veteran, name war:
3. (c) Social Security No.: UNKNOWN
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: IDELL ECKERT
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: FEB. (Month) 8 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	10	23	hr. min.

9. Birthplace: ST. LOUIS (City, town, or country) MO. (State or foreign country)
10. Usual occupation: FOREMAN
11. Industry or business: AMERICAN FOUNDRY CO.
FATHER
12. Name: UNKNOWN
13. Birthplace: UNKNOWN (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or country) (State or foreign country)
16. (a) Informant: MRS. IDELL ECKERT
(b) Address: 2010 CHIPPEWA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN. 3 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: ST. LOUIS, MO.
18. (a) Signature of funeral director: C. J. BOYNTON
(b) Address: DESLOGE MO.
19. (a) 1/3/48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JANUARY day: 1st. year: 1948 hour: 5 minute: 30 P.M.
21. I hereby certify that I attended the deceased from —, 19..., to —, 19...; that I last saw him alive on —, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: due to natural causes	
Due to: apparently heart attack	
Coronary ailment	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NONE	
Of autopsy:	

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: Earl J. Miller (M. D. or other) Coroner
Address: Farmington, Mo. Date signed: 1/2/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 148-25
Date Filed 1-6-48

JAN 16 1948

FEB 9 1948

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 L. T. Sayer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.