

FILED JUN 28 1948 318

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

Registration District No. \_\_\_\_\_

Primary Registration District No. **1008**

Registrar's No. **5517**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Deaconess**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 mo. 12 days**  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Max K. Eckhardt**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **328-03-6740**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 (b) Name of husband or wife **Bertha Eckhardt** 6. (c) Age of husband or wife if alive **64** years  
 7. Birth date of deceased **December 11, 1879**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>68</b>	<b>6</b>	<b>7</b>	hr. _____ min.

9. Birthplace **Belleville, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Grocer**

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

MOTHER FATHER { 12. Name **Wm. Eckhardt**  
 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Henrietta Ulrich**  
 15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elsa E. Hauck**  
 (b) Address **LaGrange, Ill.**

17. (a) **Burial** (b) Date thereof **June 21, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Walnut Hill, Belleville**

18. (a) Signature of funeral director **Wm. J. ...**  
 (b) Address **Belleville, Illinois**  
 19. (a) **JUN 19 1948** (b) **J. F. ...**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair**  
 (c) City or town **Belleville**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **422 W. Main**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18th**  
 year **1948** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Sept 11**, 19**47**, to **JUNE 18**, 19**48**,  
 that I last saw him alive on **JUNE 16**, 19**48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Esophagus**  
 Duration **1 yr**

Due to \_\_\_\_\_  
 Due to **H6**  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **Confirmed above.**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature **James I. ...** M. D. or other \_\_\_\_\_  
 Address **684 N. ...**

5547

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..... *Fred A. Ferguson*

Licensed Embalmer No..... *B694*

P. O. Address..... *Belleville*

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.