

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6122**  
**1831**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before death) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>80 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>4756 Milentz Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4756 Milentz Ave</b>		e. STREET ADDRESS (If rural, give location) <b>4756 Milentz Ave</b>	

3. NAME OF DECEASED (Type or Print) <b>Julia Eckrich</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 27th. 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>1-12-1869</b>			9. AGE (In years) (If under 1 year, last birthday) (Month) (Days) (If under 24 hrs. Hours) (Min.) <b>79-8-80</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>*****</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Fred Wagner</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Ernst</b>		14. NAME OF HUSBAND OR WIFE <b>John N. Eckrich</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Eckrich 4756 Milentz Ave</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Valvular heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <b>Hypertention</b> <b>92<sup>o</sup></b>			
		DUE TO (c) <b>Senility</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>1/21/49</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 15, 1948**, to **Feb. 26, 1949**, that I last saw the deceased alive on **Feb. 26, 1949**, and that death occurred at **5 AM. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Clay Allen</b>		(Degree or title)		23b. ADDRESS <b>5912 So. Kingshighway</b>		23c. DATE SIGNED <b>2-28-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-2-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter and Paul Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>7000 Gravois Ave - MO</b>	
DATE REC'D BY LOCAL REGISTRY <b>Feb 28 1949</b>		REGISTRAR'S SIGNATURE <b>J. D. Kasper</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenbein Bros</b>		ADDRESS <b>6409 Gravois Ave</b>	

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

*Wm*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Henry A. Brammer*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

**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.