

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3232

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>10 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		<u>4673</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>106 W Maple Ave</u>				d. STREET ADDRESS (If rural, give location) <u>106 W Maple Ave</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Mary</u>		b. (Middle) <u>C</u>		c. (Last) <u>Eckelmann</u>		a. (Month) <u>Jan</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u> (Specify)		8. DATE OF BIRTH <u>Mar 15 1868</u>	
9. AGE (In years last birthday) <u>82</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Retired Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>New Helle Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>Amer.</u>	
13a. FATHER'S NAME <u>Unknown Schiermeler</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Brockman</u>			14. NAME OF HUSBAND OR WIFE <u>William Eckelmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Martha Stevens 106 W Maple Ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular, Vascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Trophic leg Ulcers Senile dementia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Chr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		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 <u>Nov 12, 1950</u> , to <u>Jan 16, 1951</u> , that I last saw the deceased alive on <u>Jan 15, 1951</u> , and that death occurred at <u>1:00 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Shabazz L. M. D.</u>				23b. ADDRESS <u>Webster Groves Mo</u>		23c. DATE SIGNED <u>1-16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Des Peres St Louis County</u>	
DATE REC'D BY LOCAL REG. <u>1/17/51</u>		REGISTRAR'S SIGNATURE <u>Robert R. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>		ADDRESS <u>Kirkwood 22 Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Student
Student Embalmer

Signed *William H. Fitzinger*.....

Licensed Embalmer No. *4316*.....

P. O. Address *Kirkwood, 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.