

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3331
Registrar's No. 245

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 4466		Registrar's No. 245									
1. PLACE OF DEATH a. COUNTY St. Louis Mo.				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SHREWSBURY		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SHREWSBURY		4561									
d. FULL NAME OF HOSPITAL OR INSTITUTION No 15 St. Charles Shrewsbury				d. STREET ADDRESS (If rural, give location) No 15 St. Charles Shrewsbury											
3. NAME OF DECEASED (Type or Print)			a. (First) Roland			b. (Middle) P.									
			c. (Last) Eckermann			4. DATE OF DEATH (Month) (Day) (Year) Jan. 26 1951.									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 18 1900		9. AGE (In years last birthday) 50							
						<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 2 YRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td>Hours</td> <td>Min.</td> </tr> </table>		# UNDER 1 YEAR	# UNDER 2 YRS.	Months	Days	Hours	Min.		
# UNDER 1 YEAR	# UNDER 2 YRS.														
Months	Days														
Hours	Min.														
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fur Grader Harris Wood Fur			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Henry Eckermann			13b. MOTHER'S MAIDEN NAME Rose Grass			14. NAME OF HUSBAND OR WIFE Elvira Eckermann									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No			16. SOCIAL SECURITY NO. 488-10-6517			17. INFORMANT'S SIGNATURE OR NAME Elvira Eckermann			ADDRESS 15 St. Charles Pl						
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma primary rectum				INTERVAL BETWEEN ONSET AND DEATH 7 months							
				ANTECEDENT CAUSES				DUE TO (b) _____							
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 5/31/50			19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum						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) 154X										
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 5/31/50 , to 1/26/51 , that I last saw the deceased dying on 1/20/51 , 19 51 , and that death occurred at 6:50P m., from the causes and on the date stated above.															
23a. SIGNATURE Harvey H. Marston					23b. ADDRESS 607 - N Grand			23c. DATE SIGNED 1/29/51							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)								
Cremation		I-30-51		Oak Grove Crematory			St. Louis County								
DATE REC'D BY LOCAL REG. 1-29-51		REGISTRAR'S SIGNATURE Herbert R. Danke MD			25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher						ADDRESS 3013 Meramec				

RWR Licensed Embalmer's Statement on Reverse Side

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

DR. WARREN MARSTON
UNV-CLUB Bldg. JE7675

2 PM Mon

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Jack Haupt

Signed.....
Student Embalmer

Licensed Embalmer No. 4746

P. O. Address St Louis M

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.