

S. No. 300
10-48

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10920

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 746

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Jennings		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings 4/38	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9223 Hallsferry		d. STREET ADDRESS (If rural, give location) 9223 Hallsferry	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Eckert c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 23rd. 1951		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 6th, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) gardner			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME George Eckert	13b. MOTHER'S MAIDEN NAME Margaret Hoffman	14. NAME OF HUSBAND OR WIFE Clara Eckert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Clara Eckert, 9223 Hallsferry
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May**, 1950, to **March 23**, 1951, that I last saw the deceased alive on **March 22**, 1951, and that death occurred at **1:59** p.m., from the causes and on the date stated above.

23a. SIGNATURE: John P. Morris M.D. (Degree or title)	23b. ADDRESS 8209 N. Broadway	23c. DATE SIGNED 3/23/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/26/51	24c. NAME OF CEMETERY OR CREMATORY C alvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE RECD BY LOCAL REG. 3/24/51	REGISTRAR'S SIGNATURE Herbert R. Tomke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Diedrich F. Home, 8319 Hallsferry
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(Licensed Embalmer's Statement on Reverse Side)

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

4008

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 G. W. Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis 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.