

FILED APR 27 1951

STANDARD CERTIFICATE OF DEATH

14020

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3676</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2019		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7612 Alabama</b>				d. STREET ADDRESS (If rural, give location) <b>7612 Alabama</b>				
3. NAME OF DECEASED (Type or Print) <b>MARY</b>			a. (First) _____	b. (Middle) <b>***</b>	c. (Last) <b>ECKER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 18 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 6, 1859</b>		9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months _____	
IF UNDER 1 YEAR Days _____	IF UNDER 1 HOUR Hours _____	IF UNDER 1 MIN. Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Michael Kasper</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Seib</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Ecker</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Geo. P. Gebhardt</b> ADDRESS <b>7612 Alabama</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertensive Heart Disease</b>		DUE TO (c) <b>Arterio-Sclerosis</b>		<b>5 yrs</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<b>5 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443X</b>				
22. I hereby certify that I attended the deceased from <b>Jan 1, 1950</b> , to <b>April 18, 1951</b> , that I last saw the deceased alive on <b>April 17, 1951</b> , and that death occurred at <b>4:40 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>George A. O. Sullivan, M.D.</b> (Degree or title) _____				23b. ADDRESS <b>421 N. Schermer</b>		23c. DATE SIGNED <b>3-18-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 20, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Lucas Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Denny Road</b>			
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE <b>APR 19 1951</b> <b>J. B. Lanter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister U. &amp; L. Co.</b> ADDRESS <b>781 1/2 S. Broadway, St. Louis, Mo.</b>						

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

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.....  
Student Embalmer

Signed..... *Harry J. Spurnacher*

Licensed Embalmer No. *2679*

P. O. Address *7874 E. Broadway*

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.