

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14021

State File No.

3922

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 admission).
a. STATE **Mo** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)
OR TOWN **St. Louis, Missouri**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2179**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital #1**
d. STREET ADDRESS (If rural, give location) **17 3957 Cleveland**

3. NAME OF DECEASED a. (First) **CATHERINE** b. (Middle) _____ c. (Last) **ECKERT**
(Type or Print) 4. DATE OF DEATH (Month) (Day) (Year) **APR. 25 1951**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **10-15-1876** 9. AGE (In years last birthday) **74** If UNDER 1 YEAR: Months _____ Days _____ If UNDER 18 WKS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Hwk** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **St. Louis Mo** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Martin Eckert** 13b. MOTHER'S MAIDEN NAME **Catherine Oppermann** 14. NAME OF HUSBAND OR WIFE **Martin Eckert Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Kathryn Kammer** ADDRESS **1812 Geyer**

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) **Pericardial Thrombosis** INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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 _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **332X**

22. I hereby certify that I attended the deceased from **4-7-51**, 19____, to **4-25-51**, 19____, that I last saw the deceased alive on **4-25-51**, 19____, and that death occurred at **8:35A** m., from the causes and on the date stated above.

23a. SIGNATURE **R. Kuyper M.D.** (Degree or title) 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **4-25-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4-28-51** 24c. NAME OF CEMETERY OR CREMATORY **Resurrection** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **APR 28 1951** REGISTRAR'S SIGNATURE **J. B. Laster** 25. FUNERAL DIRECTOR'S SIGNATURE **Moydell Funeral Home** ADDRESS **1926 Allen**

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

[Handwritten signature]

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 *me*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Paul A. Hammond*

Licensed Embalmer No. 4533

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.