

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38943

State File No. ....

FILED DEC 8- 1951

318

1003

10383

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY St. L.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (in this place) 6 MO		c. CITY (If outside corporate limits, write RURAL and give township) 3rd OR TOWN OLIVETTE 4380		
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSP		d. STREET ADDRESS (If rural, give location) 7312 OLIVE ST. RD 1				
3. NAME OF DECEASED (Type or Print) IDA		a. (First)		b. (Middle)		
		ECKERT		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) NOV. 20, 1951		5. SEX F		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH FEB 7-1877		9. AGE (In years last birthday) 74		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. Louis MO		
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Eckert		13b. MOTHER'S MAIDEN NAME SARAH RAUSCHENBACH		
14. NAME OF HUSBAND OR WIFE OTTO C.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		
17. INFORMANT'S SIGNATURE OR NAME Albert Eckert		ADDRESS 7217 Mallard - Wellston				
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) Hypertensive, arteriosclerotic				INTERVAL BETWEEN ONSET AND DEATH 1951x
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vascular disease				
		DUE TO (c) Senility				
		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 checked="" type="checkbox"/> NO <input 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) Nov. 20, 1951 6:55 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by car		
22. I hereby certify that I attended the deceased from May 21, 1951, to Nov. 20, 1951, that I last saw the deceased alive on Nov. 20, 1951, and that death occurred at 6:55 m., from the causes and on the date stated above.						
23a. SIGNATURE Louis H. Bopp, Jr.		(Degree or title) M.D.		23b. ADDRESS 5400 Arsenal Street		
23c. DATE SIGNED 11/20/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/23/51		
24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cem.		24d. LOCATION (City, town, or county) (State) St. L. County				
DATE REC'D BY LOCAL REG. NOV 23 1951		REGISTRAR'S SIGNATURE Louis H. Bopp, Jr.		FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Jr.		
		ADDRESS Kirkwood				

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

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

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 Helie Durand

Signed.....  
Student Embalmer

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22nd

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. 1/25/11 21-01-12 21-01-12

St. Joseph's St. Joseph's