

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24425

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3134

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city 3818</u> | |
| c. LENGTH OF STAY (in this place) <u>1 yr</u> | | d. STREET ADDRESS (If rural, give location) <u>713 East 70th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>713 E 70th Street</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr Joseph</u> b. (Middle) <u>Eckstein</u> c. (Last) <u>Eckstein</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1952</u> | | |
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|--------------------|-------------------------------|--|---------------------------------------|---|---|--------------------------------|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | 8. DATE OF BIRTH <u>11-27-1873</u> | 9. AGE (in years last birthday) <u>78</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|--|---------------------------------------|---|---|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Linotype Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Blume Brothers</u> | | 11. BIRTHPLACE (State or foreign country) <u>Brooklyn New York</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
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| 13a. FATHER'S NAME <u>Joseph Eckstein</u> | | 13b. MOTHER'S MAIDEN NAME <u>Marie Lehman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Julia Eckstein</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>100-03-097709</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Austin Eckstein</u> | | ADDRESS <u>713 E 70th Street</u> | |
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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 | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arterio-sclerosis</u> | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and probable cerebral</u> DUE TO (c) <u>+ thrombosis</u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>302X</u> | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | |
| 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? | |

22. I hereby certify that I attended the deceased from July 2, 1952, to July 9, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 1 am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Herbert L. Mantz, M.D.</u> | | 23b. ADDRESS <u>1 Hubert L. Mantz, m d o 608 N of Blady</u> | | 23c. DATE SIGNED <u>7.9.52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-11-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jackson Co MO</u> | |
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| DATE REC'D BY, LOCAL REG. <u>7-10-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frances Warrall</u> | | ADDRESS <u>Funeral Home</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Russell N. France

Licensed Embalmer No.

4255

P. O. Address

B.C. 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.