STANDARD CERTIFICATE OF DEATH RES. 0187. NO. 318 prillarly NES. 0187. NO. 1003 Registrary, No. 0985 1. FLACE OF DEATH D. CITY (II evaluate personation limits, write RURAL and gives a Country of Proper Principle of Principle	HED ECO	1 1950	INE DIVISIO	OF THE		NE A TIL			3044
STATE NO. STATE Louis State	HILLD LED	r.T. 1992	SIANDAKD		ICATE OF I	JEAIN 40	State		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
I. PLACE OF DEATH B. COUNTY B. COUNTY D. CITY (If equide corporate limits, write RURAL and give to TOWN St. LOUIS, MISSOUR Township of the property of the county of th	LIRTH NO.		_ REG. DIST. NO	318	PRIMARY REG. DI	IST. NO. 10	ルソ Regis	trar's No	0989
TOWN St. Louis 1549 Mass of the septial or Installation, after store address or Installation (IT was a to be septial or Installation of the STAY (In this place) (IT was a to be septial or Installation of the STAY (In this place) (IT was a to be septial or Installation of IT was a town of the STAY (IT was a town of the town of the STAY (IT was a town of the town of the STAY (IT was a town of the stay a town of the town of the stay a town of the town of the stay a town of the stay a town of the tow	I. PLACE OF DEA	тн	<u>.</u>		- STATE				
NASHTAL OR NASTITAL OR St. Louis City Hospital # 1 Sports 4311 N. Eleventh Street			STA (gidageog	Y_(in this place)	l OR	St. Lo	uis	209	9
CALL COUNTRY COUNTRY	HOSPITAL OR	-	4 7		ADDRESS			<i>O</i> h Stree	t
MALE MALE MATE OLISIAL OCCUPATION (Threshilded with a Martiel of April 10 December) Martiel of	DECEASED	•	 -	dle)	ECKHOL		DEATH J	JANUARY 2	
DUSTRY Schleswig, Holstein, Germany U.S.A. 13b. Mother's Maide Name Henry Eckholdt Unk. Peterson Margaret Eckholdt Untrawa British Medical Certify Cation None Margaret Eckholdt Untrawa British Medical Certify Cation Margaret Eckholdt Untrawa British Marga	<i>U</i>			MARRIED, ED (Boodfy)			lest birthday)	Mosths Days	
Henry Eckholdt Wink Peterson Wargaret Eckholdt Unk Peterson Wargaret Eckholdt Unk Peterson Wargaret Eckholdt Unk Peterson Wargaret Eckholdt Wargaret Eckhold	done during most of worki	ng life, even if retired)	1	DUSTRY				""//∠ _c∞	XUNTRY?
S. WAS DECEASED EVER IN U. S. ARMED FORCEST TYPE. NO. ARTHOUGH 10 year, strive was or dates of service. It is SOCIAL SECURITY NO. NO. NO. MARGER ELECTROLIST 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARGER CONTROL NO. NO. NO. MARGER ELECTROLIST 18. SOCIAL SECURITY NO. NO. MARGER ELECTROLIST 19. NO. MARGER ELECTROLIST				R'S MAIDEN		14. NA	WE OF HUSBAN	D OR WIFE	
None No. NONE No. CAUSE OF DEATH Enter only operature programme to the control of				Peters	17. INFORMA				ADDRESS
ANTECEDENT CAUSES I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *This does not meem he mode of \$fring, such about follows, if way, giring DUE TO (b) day pel-tensive Caudio - *This does not meem he mode of \$fring, such about follows, if way, giring DUE TO (b) day pel-tensive Caudio - *Morbid conditions, if way, giring DUE TO (b) day pel-tensive Caudio - *Morbid conditions, if way, giring DUE TO (c) **DUE	Yee, no, or maknown) (If		of service)	NO.			1.033		nth Stree
DUE TO (a) Conditions which caused death Conditions contributing to the death but not related to the disease or condition causing death.	Enter only one cause per	I. DISEASE OR C DIRECTLY LEAD	M MOITION		entification	male	icia.	OI	TERVAL BETWEEN NSET AND DEATH
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (s.e., in or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Messik) (Day) (Year) (If our) 21e. INJURY OCCURRED WORK AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. I hereby certify that I attended the deceased from 11-25-5219, to 1-27-53, 19, that I last saw the deceased alive on 1-27-53, 19, and that death occurred at 12:50Pm., from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 32d. BURIAL. CREMA- 24b. DATE 1-30-53 Friedens: Cemetery St. Louis MO DATE RECISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1AN 2 8 1953 1AN 2 8 1953	the mode of dying, such as heart fallure, asthenia, ctc. It means the dis- ease, injury, or complica-	Morbid condition rise to the above the underlying co	us, if any, gisting DUE TO counse (a) stating use last. ** DUE TO FICANT CONDITIONS	(a) U.	perten	swe c	ardi	2 e	· · · · · · · · · · · · · · · · · · ·
Ria. ACCIDENT (Repedity) 21b. PLACE OF INJURY (a.g., in or about SUICIDE	9a. DATE OF OPERA-			eath.	<u>. </u>	,			
HOMICIDE 21d. TIME (Meeth) (Day) (Tear) (Heer) 21e. INJURY OCCURRED WHILLIAT NOT WHILE 10	Zia. ACCIDENT	(Specify)			21c. (CITY, TOW	I, OR TOWNSHI	P) (C		
2. I hereby certify that I attended the deceased from 11-25-5219 to 1-27-53, 19 that I last saw the deceased alive on 1-27-53, 19 and that death occurred at 12:50Pm., from the causes and on the date stated above. DA. SIGNATURE (Degree or this) 23b. ADDRESS 23c. DATE SIGNED 1515 Lafayette Avenue 1-27-53 MA. BURIAL. CREMA 24b. DATE 1-30-53 Friedens: Cemetery Or Crematory 24d. Location (City, town, or county) Burial DATE RECO BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS St. Louis MO 25: Funeral director's signature ADDRESS ADDRESS SHATURE ADDRESS AND 2 8 1953	HOMICIDE	(Day) (Year)	(Hour) 21e, INJURY	OCCURRED	211. HOW DID IN	JURY OCCURT	<u> </u>		42X
24. SURIAL CREMA- TION, REMOVAL CREMA- TION, REMOVA	22. I hereby certify	that I attended 7-53, 19	the deceased from	11-25 occurred at	12:50Pm., fr	1-27-53 om the cause	3	that I last sa date stated ab	w the deceased ove.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SUFEDNEYER & SON'S 3934 N. 20th Street	20. SIGNATURE	1B.1	alims 1	4. L	1515			1e 1	-27-53
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS IAN 2 8 1953 CONTRACTOR SUPPLIES SON'S 3934 N. 20th Street	TION REMOVAL (Breeff	o)	1					wn, or county)	
				- L	25. FUNERAL D	IRECTOR'S	CNATURE		\$5
	<u>IAN 2 8 1953</u>	1	N/MU	Embelmer's			יו דינכני.	CALL DI	ries r

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re	everse side of this certificate was embalmed by me, or by
	Student Embelmer No.
vorking under my personal supervision.	11-1-9/11/1

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Factorial Control of the Control of t

the above constitutes grounds for revocation of license.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.