

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **0985**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File 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) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 63 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital # 1				d. STREET ADDRESS (If rural, give location) 4311 N. Eleventh Street			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) F.L.		b. (Middle) ECKHOLDT		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) JANUARY 27, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 4, 1873		9. AGE (In years last birthday) 79		10. MONTHS 79		11. DAYS 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Accountant		10b. KIND OF BUSINESS OR INDUSTRY C.P.A.		11. BIRTHPLACE (City and State or Foreign Country) Schleswig, Holstein, Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Eckholdt		13b. MOTHER'S MAIDEN NAME Unk. Peterson		14. NAME OF HUSBAND OR WIFE Margaret Eckholdt			
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. None		17. INFORMANT'S SIGNATURE OR NAME Margaret Eckholdt			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) encephalomalacia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular disease DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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 (a.g., in or about house, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? 443X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 11-25-52 , 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.			
23a. SIGNATURE Robert B. Katims M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 1-27-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-53		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. IAN 28 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street			

(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

Licensed Embalmer No. *4329*

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.