

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24102**

FILED AUG 3 1953

REG. DIST. NO. **53**PRIMARY REG. DIST. NO. **3010**Registrar's No. **219**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau,</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau, id city</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 61 North.</b>			e. STREET ADDRESS (If rural, give location) <b>4336 Michigan Ave., 2159 1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>			b. (Middle) <b>John</b>	c. (Last) <b>Eckert,</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 25, 1953</b>
5. SEX <b>Male, 0</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married,</b>	8. DATE OF BIRTH <b>September 11, 1902</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter,</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wm. Siefert Pnt Cotr.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri, 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Martin Eckert,</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Oppermann,</b>	14. NAME OF HUSBAND OR WIFE <b>Birdell Eckert,</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-2</b>		16. SOCIAL SECURITY NO. <b>489-03-0980</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Birdell Eckert, 4336 Michigan Ave.,</b> ADDRESS <b>St. Louis, Mo.</b>		
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) <b>Crushed Skull</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. 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 <b>E8234 31</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <b>Auto (Specify) Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 61</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>115</b> (COUNTY) <b>Cape Girardeau</b> (STATE) <b>Cape Girardeau Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 25-1953 6:45 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto he was driving hit a tree</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:10P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J. F. Sigmund, Coroner 3</b> (Degree or title)			23b. ADDRESS <b>Jackson Mo</b>		23c. DATE SIGNED <b>July 25-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>	24b. DATE <b>7/28/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Mausoleum,</b>	24d. LOCATION (City, town, or county) (State) <b>LeMay, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-27-53</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Soberg</b> ADDRESS <b>Cape Girardeau, Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1951

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.....  
Signature of Student Embalmer

Signed *C. J. Lorberg*.....  
Licensed Embalmer No. *3814*.....  
P. O. Address *Cape Girardeau*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.