

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41579

State File No.

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 3074

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>8 hours</u>		d. STREET ADDRESS (If rural, give location) <u>5500 CABANNE AV.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>473 RIDGE AVENUE</u>		e. STREET ADDRESS <u>5500 CABANNE AV.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NICHOLAS</u>	b. (Middle) <u>C.</u>	c. (Last) <u>ECK</u>	*4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 1953</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 31, 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HUNTERMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RED CEDAR POST & TIMBER CO.</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHAS OTTO ECK</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET MARK</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIAN ECK</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. (If yes, give war or dates of service) <u>497-36-4619</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Lillian Eck</u>	ADDRESS <u>5500 Cabanne Av. St Louis Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovasc.</u>		
	DUE TO (c) <u>disease</u>		
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 <u>443X</u>	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Aug 19 52, to _____, 19____, that I last saw the deceased alive on Aug, 1952, and that death occurred at 12 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Print or Print) <u>Lillian Eck</u>	23b. ADDRESS <u>508 N. Grand</u>	23c. DATE SIGNED <u>Nov. 30, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11/1/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETARY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>11-30-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domba M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Mullen</u>	ADDRESS <u>5165 Helmer Rd. St. L. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Berkle Eck
Metropolitain
Grand & Olive

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 W E Morris

Licensed Embalmer No. 3360

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.