

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo. 0 township)		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 86 yrs.		e. STREET ADDRESS (If rural, give location) 26 1934a Hebert St	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Theodore		Month) May	(Day) 18 (Year) 1954
b. (Middle) --		c. (Last) Echternkamp	
5. SEX M 0 W 0	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	8. DATE OF BIRTH Oct 12, 1867
9. AGE (in years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0
10b. KIND OF BUSINESS OR INDUSTRY Refrigeration Mfg.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME William Echternkamp		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Pauline Echternkamp
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. 491-18-8948	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn Echternkamp 1934a Hebert S
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
*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) <i>Pneumonia, Lobes Right</i>	
		ANTECEDENT CAUSES DUE TO (b) _____	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Myocarditis, Chronic</i>	
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 (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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 490X			
22. I hereby certify that I attended the deceased from April 19, 1954, to April 18, 1954, that I last saw the deceased alive on April 14, 1954, and that death occurred at 12:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
23c. DATE SIGNED 5/19/54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 21, 1954	
24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) 4209 Bates St. St. Louis	
DATE REC'D BY LOCAL REG. MAY 19 1954		REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden E. H. Inc., 1936 St. Louis, Mo			

Dr. George F Rendelmann  
Arcade Bldg.,  
Hours: 12:30 to 4:30 P.M.

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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 None  
Signature of Student Embalmer

Signed Delbert J. Kriss

Licensed Embalmer No. 3

P. O. Address St. Louis

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.