

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1955

State File No. **39178**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2552**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Northwood</b>		c. LENGTH OF STAY (in this place) <b>2 yrs.</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>White Oaks Nurs. Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>3114 Lemm. Av. 2249</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) _____ c. (Last) <b>Eckel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 1 1955</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>Mar. 19 1867</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>John Ziller</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Frank X. Eckel</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rose Lehmann</b>		ADDRESS <b>3114 Lemm. Av.</b>	
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Hypostatic</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis Chronic</b>					<b>5 year</b>	
	DUE TO (c) <b>Small Arterio-Sclerosis</b>					<b>7 year</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		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) <b>St. Louis Mo.</b>	
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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 **July 3 1949**, to **Nov 1 1955**, that I last saw the deceased alive on **Nov 1 1955**, and that death occurred at **1:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dubois E. Rother M.D.</b>		23b. ADDRESS <b>2603-Grandview St</b>		23c. DATE SIGNED <b>11-2-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crematory</b>		24b. DATE <b>11-3-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mo. Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>11-3-55</b>		REGISTRAR'S SIGNATURE <b>Heather K. Romberg</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Witt &amp; Bros. L &amp; H Co.</b>		ADDRESS <b>2929 S. Jefferson</b>	
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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.....  
Signature of Student Embalmer

Signed *J. M. Davis*.....

Licensed Embalmer No. 3241

P. O. Address 2229 1/2 Jefferson

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.