

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42011  
State File No. 10600

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10600</b>	
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>St. Louis</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 type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4745 Sigel Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>4745 Sigel Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUSTA</b>		b. (Middle) <b>B.</b>		c. (Last) <b>ECKENFELS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 2 1955</b>	
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>Nov. 15, 1893</b>	
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months _____		IF UNDER 2 HRS. Days _____		Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <b>Wisconsin</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Gustave Bigalte</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown Lueck</b>			14. NAME OF HUSBAND OR WIFE <b>Late Charles A. Eckenfels</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Marie Zeni 4745 Sigel Ave.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia - chronic -</b> ANTECEDENT CAUSES (Metastatic Pulmonary Carcinoma with Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>pleural effusions.</b> 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>165x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>11-13, 1955</b> , to <b>12-2, 1955</b> , that I last saw the deceased alive on <b>11-29, 1955</b> , and that death occurred at <b>8:32P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John H. Deumber MD</b>				23b. ADDRESS <b>1504 So Grand Ave</b>		23c. DATE SIGNED <b>12/3/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 7, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St Marcus Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 3 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S.Kingshighway Bl.</b>			

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

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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.....  
Signature of Student Embalmer

Signed *William G. White*.....

Licensed Embalmer No. *5128*

P. O. Address *4220 King*

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.