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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

SL 11343 FILED NOV 16 1956

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Primary Registration District No. 1003

STATE FILE NUMBER

35452

9625

Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSPITAL		Length of stay in 1b 30 DAYS	STREET ADDRESS 4509 JAMIESON (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HERBERT A. ECKLUND			4. DATE OF DEATH Month Day Year 10-20-56			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-5-96	9. AGE (In years last birthday) 60		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADMINISTRATIVE ASST.		10b. KIND OF BUSINESS OR INDUSTRY CHURCH	11. BIRTHPLACE (City and state or country) FORT DODGE, IOWA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME CHARLES ECKLUND			14. MOTHER'S MAIDEN NAME LENA NELSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 490-36-3278	17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERIPHERAL VASCULAR COLLAPSE Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) MYOCARDIAL INFARCTION DUE TO (c) ARTERIOSCLEROSIS OF CORONARY VESSELS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).					INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 4 wks. 1 - 2 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. ^{VA} attended the deceased from 9-20-56 to 10-20-56 and last saw ^{him} alive on 10-20-56 Death occurred at 6:35 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Ralph Copp <i>Ralph Copp, Jr.</i>			22b. ADDRESS M. D. VAH, St. Louis, Missouri		22c. DATE SIGNED 10-21-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/23/56	23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo		
24. FUNERAL DIRECTOR Edward Fendler Mortuary 5611 S Grand		ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 22 1956		26. REGISTRAR'S SIGNATURE <i>Charles Smith</i> m&b	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 examined by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schuman*.....
Licensed Embalmer No. *26*

P. O. Address *5611 S. G.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.