

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42962

FILED DEC 18 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **10751**

STATE FILE NUMBER

Health, Welfare and Public Service
300-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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: St. Louis		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: 3623 Ohio Avenue			Length of stay in lb: 52 yrs 2 2/3		d. STREET ADDRESS (If outside, give location): 3623 Ohio Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First: SOPHIE Middle: Last: ECKHARDT				4. DATE OF DEATH Month: Nov. Day: 23 Year: 1956			
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH: May 27, 1884		9. AGE (In years last birthday): 72	IF UNDER 1 YEAR Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife		10b. KIND OF BUSINESS OR INDUSTRY: at home		11. BIRTHPLACE (City and state or country): Grand Rapids, Michigan		12. CITIZEN OF WHAT COUNTRY?: USA	
13. FATHER'S NAME: Robert Bauer				14. MOTHER'S MAIDEN NAME: Elizabeth Budkan			
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.:		17. INFORMANT: Mrs. E. Erbe, 3623 Ohio Avenue Address:			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION DUE TO (b) GENERALIZED ARTERIO SCLEROSIS DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): PARALYSIS AGITANS						INTERVAL BETWEEN ONSET AND DEATH: 1 HOUR 104 YEARS	
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. I attended the deceased from FEB, 1947 to NOV 23, 1956 and last saw her alive on NOV 23, 1956 Death occurred at 9:45 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or title): George A. Brown MD				22b. ADDRESS: 5203 Chippewa Ave		22c. DATE SIGNED: 11/24/56	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial		23b. DATE: Nov. 26, 1956	23c. NAME OF CEMETERY OR CREMATORY: Concordia Cemetery		23d. LOCATION (City, town, or county): St. Louis, Missouri (State)		
24. FUNERAL DIRECTOR: BEIDERWLEDEN F.H. INC., 1936 St. Louis Ave ADDRESS:				25. DATE RECD. BY LOCAL REG.: NOV 26 1956		26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. <i>M. J. B.</i>	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. A. Doman
5203 Chippewa

~~2-4-1917~~
12-2 Sat

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 James H. Doman

Licensed Embalmer No. 4

P. O. Address St. Louis

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.