

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026913  
STATE FILE NUMBER  
1003  
Registrar's No. 6903

FILED JUL 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6903

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6745 Mitchell Ave.		d. STREET ADDRESS (If outside, give location) 6745 Mitchell Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last HENRY J. ECKERT		4. DATE OF DEATH Month Day Year July 8 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 17, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Operator-Public Service Co.		10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.	11. BIRTHPLACE (City and state or country) Iron Mountain, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME (Unknown) Eckert	
13b. MOTHER'S MAIDEN NAME Dorothea (Unknown)		14. NAME OF HUSBAND OR WIFE Late Marie M. Eckert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, none, unknown) (If yes, give dates of service) No None		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Address Florence Eckert 6745 Mitchell Ave.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anterior electric heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Generalized arteriosclerosis DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		INTERVAL BETWEEN ONSET AND DEATH	
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 June 23, 1958 to July 8, 1958 and last saw him alive on July 8, 1958 Death occurred at 11:30 A. m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Hester A. Dill (Degree or title) M.D.		22b. ADDRESS 7316 Maplewood 171, Mo.	
22c. DATE SIGNED 7-10-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE July 11, 1958		23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. JUL 10 '58	
26. REGISTRAR'S SIGNATURE Carl Smith Mo		27. ADDRESS 2183	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard W. Storvick*

Licensed Embalmer No. 4007

P. O. Address .....

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.