

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006757

STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 44

300
1-57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN R. R. # 3 1920 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph		Length of stay in 1b 3 1/2 month	d. STREET ADDRESS (If outside, give location) Boschertown Road Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First August Middle J. Last Eckler			4. DATE OF DEATH Month Feb. Day 13, Year 1959		
---	--	--	--	--	--

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 Mar. 19, 1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 10 Days 25	IF UNDER 24 HRS. Hours Min.
----------------	---------------------------	---	-----------------------------------	---------------------------------------	--------------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) St. Charles County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME Henry Eckler	13b. MOTHER'S MAIDEN NAME Elizabeth Kemper	14. NAME OF HUSBAND OR WIFE Annie E. Boehle
------------------------------------	---	--

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. 493-40-7809	17. INFORMANT Mrs. Annie Eckler, St. Chas. County, Mo.
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized arterio sclerosis -</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>cardinal hemorrhage, occlusive peripheral vascular disease</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 _____ a.m. _____ p.m. _____	Month _____ Day _____ Year _____
---	----------------------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>June 1956</i> to <i>Feb 13-59</i> and last saw ^{her} / _{him} alive on <i>Feb 13-59</i> Death occurred at <i>1245 Ave</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <i>Vincent A. Schneider M.D.</i>	22b. ADDRESS <i>St Charles, Mo</i>	22c. DATE SIGNED <i>2/14/59</i>
--	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb. 16, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Peter Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Charles, Mo.</i>
--	-----------------------------------	---	--

24. FUNERAL DIRECTOR <i>H.C. Dallmeyer & Sons, St. Charles</i>	25. DATE RECD. BY LOCAL REG. <i>Feb 14-59</i>	26. REGISTRAR'S SIGNATURE <i>Marcella Wilson</i>
---	--	---

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 *Frank R. Amador*
Licensed Embalmer No. *4833*
P. O. Address *St. Charles*

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.